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ABSTRACT

Devoted to the second-year evaluation of the Parent-to-Parent Dissemination Project, this report describes the progress in the project's five sites: Dayton, Ohio; Ypsilanti, Michigan; the Northeast Kingdom of Vermont; Mankato, Minnesota; and Toledo, Ohio. Each site is described in terms of the number of families being served, the number of visitors trained, the way in which each program has expanded or plans to extend activities, and program impact. In addition, for three of the sites (Vermont, Ohio, and Michigan), activities and products in developing evaluation capabilities are detailed. Completing the document is a cross-sectional and comparative analysis of sites at different stages of development, pertinent to program implementation, evaluation, impact, and institutionalization. (MP)

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INNOVATION AND INSTITUTIONALIZATION: EVALUATION OF PHASE I OF THE PARENT-TO-PARENT DISSEMINATION PROJECT

Submitted to:

Bernard van Leer Foundation

December 1981

Submitted by:

Family Programs Department
High/Scope Educational Research Foundation
600 North River Street
Ypsilanti, Michigan 48197

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Authors:

I.	Introduction	Author: Ann S. Epstein
II.	Dayton, Ohio	Author: Ann S. Epstein Site Trainer: Frances Parker-Crawford
III.	Ypsilanti, Michigan	Author: Ann S. Epstein Site Trainer: Barbara Reschly
IV.	Northeast Kingdom Vermont	Author: Robert Halpern Site Trainer: Frances Parker-Crawford
V.	Mankato, Minnesota	Author: Barbara Reschly Site Trainer: Barbara Reschly
VI.	Toledo, Ohio	Author: Judith L. Evans
VII.	Conclusion	Author: Ann S. Epstein

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PARENT-TO-PARENT DISSEMINATION PROJECT

EVALUATION: PHASE I YEAR 2

Introduction

Evaluation of the second year of the Parent-to-Parent Dissemination Project strengthens our conviction that we have a successful and transferable program model for supporting today's families. The model is successful because: it capitalizes upon parents' desires to support their young children's development to the fullest capacity; it is built on a peer support system which emphasizes family strengths; it establishes a cooperative network of resources within the community; it works to lay a firm foundation of institutional support for the program; and it creates a backbone of competent and dedicated people who believe that what they are doing is a timely way to meet the needs of families under stress in modern society. The model is transferable because: it rests within a framework of firm principles to guide actions with parents, children and communities; and it simultaneously possesses the flexibility to adapt to local community needs and values, and to meet institutional mandates.

In the following report we present the data to back up these conclusions. The status and progress of five Parent-to-Parent sites is detailed, from the period of April through November 1981. Since our last comprehensive report (the Case Studies of Implementation, Impact and Institutionalization, submitted in April 1981), we have continued to work with each site in an individualized way. During this interval, two new Parent-to-Parent sites have been added (Ypsilanti and Dayton) while two others (Hawaii and the Navy, Orlando) no longer operate programs. (Their termination was anticipated and described in the earlier report.) This report describes the current activities and outcomes at each program site and the nature of High/Scope's interactions with the local program staff. At this writing we are actively involved with the one original site (Vermont) and two new sites (Dayton, Ypsilanti) which will become Regional Training and Dissemination Centers; the two remaining original sites (Mankato, Toledo) continue to run thriving programs on their own with periodic contacts to/from High/Scope staff.

As planned, the major evaluation activity this past year has been to work individually with program sites to help them develop their own measures of program implementation and impact. Just as the goal of Parent-to-Parent training is for sites to ultimately operate their programs independently, so the goal of evaluation consultation is to impart the capacity for independent self-examiniation to our sites. This has proven to be an exciting process for all concerned, as the creation of instruments has helped the participants to better articulate the unique goals and achievements of the adaptation of the Parent-to-Parent Model. Equally rewarding is the emerging realization by site personnel that they too can consider themselves "researchers". As a coordinator at one program said: "Thank you for de-mystifying research! Now we feel that all those ideas floating around in our heads are worthwhile. What we need is some help in organizing them to answer the important questions."

Below we describe the current program implementation at five Parent-to-Parent sites: Vermont, Dayton, Ypsilanti, Mankato and Toledo. This description will update previous reports on the number of home visitors trained and the number of families being served in each program. The ways in which individual programs have expanded or plan to extend their activities (e.g., in terms of size, geographical coverage, or services offered) is also covered. To the extent that long-term sites have provided program impact updates since April 1981, these data are reported; early indications of program impact in the new sites is also presented. In addition, for three of the sites (Vermont, Dayton, and Ypsilanti) activities and products in developing their evaluation capability are described. This third section of each site report will include a discussion of how the evaluator is working individually with site staff to define their evaluation needs--particularly for measuring program impact--and will contain copies of the most recent resulting instruments.

The report's final chapter is a synthesis of what we have learned from our observations of new and continuing sites since the project's beginning. Doing a cross-sectional and comparative analysis of sites at different stages of development, we have been able to pinpoint evolving issues of program implementation, evaluation, impact, and institutionalization. These issues take on new meaning as we enter the project's second stage--the establishment and networking of Regional Training and Dissemination Centers. We are encouraged by the fact that the program model itself has been so successfully transferred to our "first generation" sites; we are excited and optimistic about the challenge of transferring a training model to these same institutions so that they can disseminate the effective peer-to-peer family support program to "second generation" sites. Because of the positive efforts documented here, our conviction about the workability of our past endeavor carries us ahead as we approach our new undertaking.

THE FAMILY ADVOCATE PROJECT

Miami Valley Child Development Center
Dayton, Ohio

Overview

The Dayton, Ohio site represents a "first" in the adaptation of the Parent-to-Parent model. In this setting, our home visiting program is being used as an outreach activity to draw parents into volunteering and participating at the Head Start centers attended by their young children. Thus, the ultimate focus of the Dayton program is parent involvement in the "center" rather than the "home"; and the sponsoring institution is a Head Start agency, which contrasts with the public school and community mental health settings which have already successfully implemented the Parent-to-Parent model. Like all other adaptations of the model, however, the basic purpose of the Dayton program is improving the quality of life for families with young children.

Working with the Dayton site has been an exciting challenge for High/Scope staff; so much has been accomplished in such a short time! In just half a year, two waves of parents have been trained as "family advocates" and are establishing the linkages between families in their inner-city communities and the local Head Start centers. Site staff and the High/Scope evaluator and trainer have identified the major outcomes the program plans to achieve with parents and are developing the research instruments to measure the program's effectiveness. Throughout these activities, High/Scope staff have been consistently impressed with the energy and dedication of all the Dayton participants--from the Executive Director of the sponsoring agency to the program Supervisor and the parents she has recruited. As their Assistant Director observed, Head Start staff do not work for the money; the pay is half what many could earn elsewhere. Something else motivates them. We believe it is a sincere desire to support the parents in their local neighborhoods and improve the future prospects of the community's children.

Background

Because Dayton, Ohio is a "new" Parent-to-Parent site, this report begins with a discussion of the program and a history of its association with High/Scope. We will then describe its implementation and evaluation activities. The Family Advocate Project (FAP, as the model is called in Dayton) operates out of the Miami Valley Child Development Center (MVCDC), a delegate Head Start agency serving over 700 families in three counties in south central Ohio. At present, FAP is being implemented in 7 out of 8 Head Start centers[1] in urban Montgomery County; these centers serve 475 families. The dissemination plan of MVCDC is to eventually use the model in nearby Clark and rural Madison counties where three additional centers (Clark County) and home-based program (both counties) are currently operating. Figure 1 diagrams the place of the Family Advocate program within the total MVCDC organization.

The primary goal of FAP is to increase parent participation in center-based Head Start activities. Head Start, funded by the Administration for Children, Youth and Families (U.S. Department of Health and Human Services), has been providing comprehensive programs for low income preschool children (aged 2 to 5 years) since 1965. These comprehensive programs are divided into four service components: health, social services, education, and parent involvement. The FAP is administered within the parent involvement component and thus has the advantage of fulfilling one of the four major service goals of the national Head Start program.

When MVCDC first contracted with High/Scope to provide consultation services in the fall of 1980, it was not as a van Leer Parent-to-Parent site. They were seeking training for their preschool classroom teachers and assistance in improving their parent involvement component.[2]

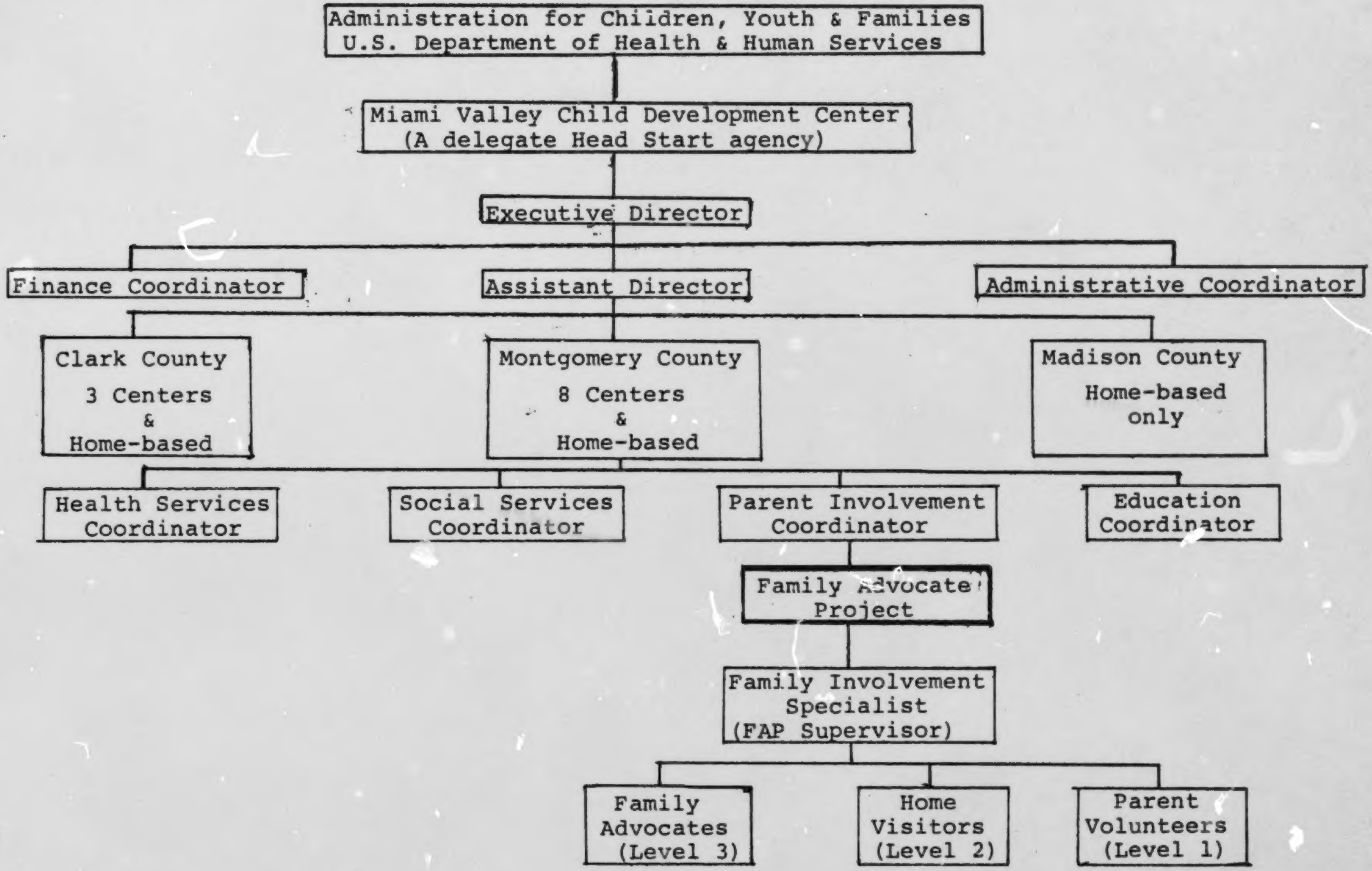
---

[1] Until recently there were 9 centers. When the school building housing one center needed to reclaim the space, approximately 40 families (12 of whom were home-based) were transferred to other Head Start centers.

[2] It should be noted here that when the present MVCDC administration took over four years ago, the agency was near collapse following 11 years of mismanagement. Their initiative in seeking resources to improve services--e.g., the request described here--has been responsible for turning the agency around.

Figure 1

Organizational Chart: The Family Advocate Project within the Miami Valley Child Development Center


Administration for Children, Youth & Families
U.S. Department of Health & Human Services
Miami Valley Child Development Center
(A delegate Head Start agency)
Executive Director
Finance Coordinator
Assistant Director
Administrative Coordinator
Clark County
3 Centers
&
Home-based
Montgomery County
8 Centers
&
Home-based
Madison County
Home-based
only
Health Services
Coordinator
Social Services
Coordinator
Parent Involvement
Coordinator
Education
Coordinator
Family Advocate
Project
Family Involvement
Specialist
(FAP Supervisor)
Family
Advocates
(Level 3)
Home
Visitors
(Level 2)
Parent
Volunteers
(Level 1)

High/Scope submitted a proposal to train teachers in High/Scope's Cognitive Curriculum for preschoolers and to apply the principles of our Parent-to-Parent model to encourage more parent participation in the various Head Start center activities. The proposal was accepted. Members of High/Scope's Early Childhood Education Department began training and ongoing consultation with teachers; a Family Programs consultant (or Parent-to-Parent trainer) made an initial "planning trip" to Dayton in December, 1980.

This planning or negotiating meeting was productive in several respects. Perhaps the most important outcome was that the High/Scope consultant overcame the skepticism of MVCDC staff. History had taught them that getting the parents to volunteer and participate at the centers was a nearly impossible task. Before committing their time and energy to yet another "parent involvement" program, they needed some assurance that this approach would give them a taste of success. The consultant traced the history of our Parent-to-Parent model, explaining what we know does not work and describing how we have evolved our methods to capitalize upon what does work. She did not make false promises to MVCDC, but she did convince them that Parent-to-Parent was different from anything they had tried. Moreover, its record of success offered them a reasonable chance of achieving their intended outcome.

Another outcome was that MVCDC staff expressed an interest in evaluation; they wanted to know how they could measure whether their program outcomes were in fact being achieved. The desire to evaluate was there, but they felt they lacked the expertise to design and analyze the necessary "forms". Again, the High/Scope consultant was able to share our history of research and evaluation of family support program. She could cite concrete examples of forms used and results found at other Parent-to-Parent sites which added to the feeling she was already generating that High/Scope had a "credible" program to offer MVCDC.

More concretely, this first site visit resulted in a plan for getting the program going. It was agreed that a "success experience" was most likely if the program began in just one center and if that center was one in which the parent participation level had been at least moderate in the past. Once this first Parent-to-Parent program had been successfully established, subsequent programs could be phased in at the other centers in Montgomery County. After touring three of the centers, the consultant and MVCDC staff chose St. Agnes as the "target" center to pilot the model. This center is housed in the same building as the MVCDC administrative offices; its enrollment is primarily black.

A plan for training was also generated during this first visit. Because of the complexity of the MVCDC system, and the interrelationships of all the Head Start program components, the consultant felt that all key target center staff, as well as the actual program supervisor, should participate in a round of training. In her words:

> *It became clearer as the day went on that the target center staff should have 2-3 days of orientation training prior to home visitor training to establish program credibility and clarify roles. In fact, because it was my feeling that this orientation training is extremely vital to the success of the program, I spent approximately 45 minutes discussing all the reasons "why" a program succeeds or fails based on our many years of experience in working with families and volunteers.*
>
> *The MVCDC system is a complex one in which each component of the overall program function (and the staff involved in implementing the programs) are all dependent upon the "whole" for survival. If the model survives at the target center its success rate at the others can be fairly well insured. An enthusiastic, positive group of administrative and center staff, along with the parent volunteers, will carry a great deal of positive contagion on to the next center.*

This staff orientation and training took place as planned in early March 1981. It was followed by two weeks of home visitor training in April 1981. (This training, and a second wave of family advocate/home visitor training in September 1981 are described below under Program Implementation.)

In May 1981 High/Scope began exploring with MVCDC the possibility of becoming a van Leer site, thus broadening our relationship beyond just a Parent-to-Parent training contract. High/Scope at that time had submitted a proposal to the Bernard van Leer Foundation to establish Regional Training and Dissemination Centers (RTDCs) at our successful program sites. The program in Dayton seemed ideally suited to the RTDC concept on three counts. First it had excellent dissemination prospects not only within its geographical region but within the nationwide Head Start system. Second, even our brief association with this program had convinced us of its potential for success; the level of response and energy were high. And third, the target population--families in poverty--complemented the populations served in our other projected RTDCs (i.e., adolescent parents and parents at risk of abusing and neglecting their young children).

During May, Mr. Oscar van Leer made a site visit to High/Scope to learn more about the Parent-to-Parent model and evaluate the worth of continued funding to establish the proposed RTDC network. The Executive Director and the program Supervisor from MVCDC were invited to attend these meetings. (Also present were those in analagous positions from the Vermont teenage parent site and the Ypsilanti abuse/neglect program.) After the visit, it was obvious that much excitement had been generated on both sides about MVCDC becoming an official van Leer site and expanding its dissemination efforts. Dayton staff were still cautious however; they wanted to know in detail--financially and programatically--what becoming a "van Leer site" entailed.

Discussions and negotiations took place over the summer, and in August 1981, High/Scope and MVCDC reached a final agreement and made Dayton's van Leer status official. High/Scope's Family Programs director made a site visit to Dayton to explore with MVCDC staff the implications of this association. In particular, she stressed the importance of MVCDC defining for itself how the RTDC would evolve within their context. The Executive Director and Assistant Director then "began to understand that the specific directions for the project were in their hands, not ours, but that we were there to provide support and guidance when appropriate. That really opened up the whole concept for them and changed the direction of the conversation from: What do you want from us? to What do we want for ourselves and how can High/Scope support us in reaching our goals?"

MVCDC goals and a timeline for reaching them were then discussed. The ultimate goal of MVCDC is to go beyond their own agency to train others in program implementation. They want to have a "consulting arm" of the program developed so that they can work with other Head Start agencies and receive "training and technical assistance" fees for their services. This goal meshes well with the RTDC concept.

It was decided that MVCDC would, over the next 18 months: continue to operate the program in the 8 centers in Mongtomery County, branch out to Clark and Madison counties, and become a statewide/regional RTDC for other Head Start centers. In fact, it was felt that MVCDC would be involved in dissemination throughout this period as the Executive Director regularly attends regional Head Start and State Association meetings. During this year and a half, High/Scope would provide: consultation assistance toward continued program development; evaluation assistance; and assistance in proposal writing to obtain program funding.

An additional issue of the MVCDC-High/Scope association was covered during these RTDC negotiations. MVCDC is an official Head Start training site for the "Portage" model, a structured home visiting program which differs philosophically with High/Scope's developmental curriculum. Although MVCDC staff did not anticipate any conflicts between the two program approaches, High/Scope is concerned that care is taken in the planning stages of moving the FAP into the home based settings. Staff from all the programs must be able to work collaboratively to assure that the combination of the two programs results in greater services to the families, rather than confusion. Roles clarification and identification of the needs the FAP would serve will be crucial to this area of program expansion. The Portage Home Based teachers will need to play a major role in defining the needs of their families, and the program in much the same way the center teachers and social workers have done where FAPs work in the center.

Now that the "new" relationship has been established, High/Scope's work with MVCDC has correspondingly broadened to parallel that of our other active program sites. In practice, there have been three concrete developments in the work during the Phase I project period covered in this report that have implications for the establishment of the RTDC to occur in Phase II. First, program implementation is proceeding with a systematic documentation of how the Parent-to-Parent model is being adapted in this particular institutional setting. Already there has been a major adaptation; three levels of parent participants (Family

Advocates, Home Visitors, and Parent Classroom Volunteers) are being trained, in contrast to the more homogeneous "home visitor training" provided at other sites. Second, the documentation is already revealing the program impact which this particular adaptation is having upon the participants. Those delivering the program (the Family Advocates) as well as those receiving it (the parents and children) are benefiting from their increased involvement in Head Start activities. And third, staff from both organizations are collaborating to enhance the evaluation capability of MVCDC. As a van Leer site, Dayton now has access to evaluation consultation and is getting hands-on experience using and revising assessment tools developed with other sites to meet their unique research needs. Fortunately (as noted above), MVCDC is most receptive to program evaluation and we anticipate that staff will gain skills and confidence as they engage in the research process. This ongoing association--to implement and evaluate the MVCDC Family Advocate Project--is described in the remainder of this report.

Program Implementation

The initial months of program implementation at all new sites are concentrated on training activities. In Dayton, three distinct rounds of training occurred in its first half year: a 3-day orientation with the program Supervisor and the key support staff at the target center; in Spring 1981, two weeks of training for the first wave of six home visitors at the target center; and in Fall 1981, two weeks of training for a second wave of ten family advocate/home visitors that broadened the program to six additional centers. During the summer months, the first wave of home visitors also delivered services to a total of six families: all told, 34 contacts (at home, in the center, and/or via extended telephone calls) were made. These contacts were maintained with families even though the Head Start classroom was not in session over the summer. The program's continuity during this period attests to the determination of the home visitors and the receptivity of the families. These activities are summarized, chronologically, below.

Staff Orientation/Planning Session: March 1981

The steps prior to the first "staff orientation and planning sessions" in March 1981, are traced above (see Background). As the trainer notes, getting all key staff at the target center involved in the orientation training was crucial to the successful implementation of the program. She summarized the purpose of this orientation session as follows: "...to spend three days with the key staff people who would be directly involved in working with the Parent-to-Parent home visitors and visited families. This time would be spent in program orientation and planning for the recruitment of home visitors and families to be visited."

Three major objectives were accomplished during this orientation visit. First, a sense of "group cohesion" and cooperation necessary to the program's success was achieved. After being assured that she had clearly communicated the Parent-to-Parent philosophy and home visitors concept to MVCDC staff, the consultant remarked upon their ability to sort out roles and responsibilities within the agency's complex system. "This group of coordinators, teachers and aides...were enthusiastic and eager to get busy putting it all together! There was no sense of turf guarding; only a sincere wish to understand how they could be a supportive, contributing part of this new endeavor. It was a joy to work with this group of people." The consultant did express concern however, about the Social Services Component Coordinator, a social worker. This individual did show some early resistance to the new program and seemed afraid that the home visitors' roles would somehow compete with what the social workers were doing with families. In her notes, the consultant again stressed the importance of getting the Social Services Coordinator and her staff involved in, and thereby cooperating with, the Parent-to-Parent program. As we shall see below, this has entailed consistent effort on the consultant's part--effort that is only now paying off.

Second, the groundwork was laid for designing the program's evaluation. MVCDC staff were responding to a mandate (Zigler, 1980) that Head Start needs more data on the program's impact upon the family. In particular, there has been little research on how Head Start affects parents' "sense of control" over their own lives. By clarifying their own program goals with respect to parents, MVCDC staff were taking the first steps needed to develop the measures specific to these goals. The consultant shared some of our existing Parent-to-Parent evaluation forms with Dayton, to be used as models for revising or creating their *own* measures. Later, when the High/Scope evaluator visited the site (see *Evaluation Capability* section) she was able to return to this theme of first identifying the program goals in order to tailor-make an evaluation for the MVCDC program.

Finally, a timetable was drawn up for the next steps in program implementation: recruiting and training home visitors; choosing families and beginning home visits. Details and logistics were discussed (e.g., space arrangements, travel reimbursements and stipends for trainers) and the two-week training session for the first wave of home visitors was scheduled.

Home Visitor Training: April 1981

Six parent volunteers (five women and one man, a grandfather) were trained as the first wave of home visitors to pilot the program in the target center. In addition, key MVCDC staff and one individual from another center (who hoped to start the program soon) also attended most or all of the training sessions. The Parent Involvement Coordinator and the program Supervisor were disappointed that only six volunteers (out of a potential 11) actually appeared at the training. But the High/Scope consultant assured them that such attrition was normal, and that six trained home visitors was a more than respectable number for a first round.

Moreover, in her report, the consultant was enthusiastic about the quality of the home visitors who completed the training. Describing the final activity in which the trainees apply what they have learned to planning and role playing an actual home visit, she says: "I was quite pleased and very excited with the great deal of thought and preparation each home visitor had gone to in working through goals, what to do, what to use and how to use it. In all of the role plays they displayed the ability to quickly think of another strategy to use when confronted with

'What if' questions." The consultant also reported to the evaluator that the home visitors seemed quite comfortable using the planning and documentation forms as an integral part of delivering the program; this bodes well for our collaborative approach to designing and conducting the evaluation.

Summing up the first round of home visitor training, the consultant said: "What we have in place is a strong supervisor and six home visitors, one of whom will be a resource at the time the program is started at her own center. The program has its own 'place/room' in the agency and the support of the agency coordinators. The next phase starts May 6th when home visitors and families and home visits begin to be scheduled...I am pleased with the progress made and am confident the program is in capable hands."

Outreach to Families: May to August 1981

During the summer, the six volunteers made a total of 34 contacts with six families: 27 in the home, five other in-person contacts (e.g., at the center), and two lengthy telephone calls. The content of these contacts varied and included: providing emotional support to parents; sharing child development information and planning educational activities for the child; accompanying parents to meetings at the center; and referring parents to community resources and Head Start services. In addition, Home Visitors attended the Ohio Association for the Education of Young Children Conference in Cincinnati, and local workshops on stretching their food budget dollars and on health education. They also participated in a Head Start Policy Committee meeting to get a feel for parent group meetings outside of their previous experience.

When the program Supervisor first tabulated the number of times home visitors served families, she arrived at the disappointing total of thirteen. Only through subsequent questioning by the consultant and interviews with the home visitors themselves did it emerge that all the "unscheduled" and/or non-home contacts, while indicators of Home Visitor support of families, were going unreported. From this experience it was clear to the home visitors that they needed a way of documenting all those contacts that were not being systematically recorded on their "official" Home Visit Plans. At the program's own initiation then, it was determined that forms more suitable to documenting a variety of types of contacts with families needed to be developed. Again, we see how the need for, and receptivity to, documentation/evaluation was internally generated in the MVCDC program--this time, by the home visitors themselves.

Adaptation of the Model: The "Family Advocate Project" is Born

During the consultant's site visit in August 1981, she and the Supervisor evaluated the first wave of training and program delivery. They asked themselves: what changes need to take place to meet the Head Start goals and the families' needs? Based upon their discussions and the suggestions of the original home visitors, they determined that various "levels" of parent participation should be available within the program. These levels would reflect a progression of skill development and responsibility. They would further reflect MVCDC's administrative goal that the program provide a "career development ladder" for parents to become staff members within the organization and/or qualify for jobs outside the agency.

After brainstorming several titles, they arrived at three levels or "steps" which would be incorporated into the Fall 1981, training of parent volunteers:

- Level 1: Parent Volunteer. The Parent Volunteer is any center parent who can assist in the child's classroom.

- Level 2: Home Visitor. The Home Visitor is a parent, trained specifically in home visiting skills and techniques, whose main function is to maintain regular contact with center families as needed. The home visitor is not required to assist in the classroom but may do so if s/he chooses.

- Level 3: Family Advocate. The family advocate is a parent trained in home visiting skills and techniques as well as skills needed for other agency related duties. The main function of the advocate is to maintain regular contact with center families. The Family Advocate is also responsible for the recruitment of Parent Volunteers and will provide them with assistance and guidance when needed. The Family Advocates are required to spend four days (half days) at their centers each week.

The Parent-to-Parent program at MVCDC was renamed the Family Advocate Project (FAP), reflecting the highest level at which parents could choose to participate. Together, the FAP Supervisor and High/Scope consultant generated a detailed outline listing the specific program and evaluation responsibilities, and benefits, associated with each parent level (see Attachment A). Putting this newly conceptualized program into action became the focus of the second wave of training.

Family Advocate Training: September 1981

In this second round of training, the "dissemination" model was already taking effect. While the first wave training concentrated on parents at the target center, the second wave provided training to Family Advocates from the eight remaining centers in Montgomery County. Dissemination is also occuring in another sense, due to MVCDC's unique adaptation of the Parent-to-Parent model. Parents who choose to commit themselves to training at the highest level can "disseminate" their support and skills to parents at the other levels, as well as serve the families in the Head Start community. This is done as Family Advocates take on the responsibility for assisting in the training of Home Visitors and the orientation of Parent Volunteers to the Head Start program and classroom.

During the second round of training, a total of ten parents were trained including one husband-wife team; the husband will work with fathers in the program. Of those trainees, nine were ready to begin their roles as Family Advocates immediately; one was new at her center and was experiencing some incapacitating health problems, but was expected to become an Advocate once she was more familiar with her center and the health issue was cleared up.

Two positive factors are particulary noteworthy about this round of training. First is the fact that the FAP Supervisor took a major role in planning and conducting the sessions. Giving her the highest rating on the Supervisor Implementation Scales (see Evaluation Capability for a description of this instrument), the consultant noted that the Supervisor "organized the second phase of training very efficiently and effectively". This is also evidence that the Parent-to-Parent model--passing on the capability from High/Scope to the site--is working with regard to the training process.

The second noteworthy phenomenon is the degree to which the trainees were already beginning to see for themselves the necessity of documentation and evaluation in program delivery. A great deal of the training involved role playing problem situations with families. After two intensive sessions of working through some complicated role plays, the consultant commented: "By this time the entire group was sensing the need for a 'structured' means of gathering information, prioritizing facts, sifting out the 'I thinks' and assumptions and getting down to the bare essentials...The group was getting very committed to finding out the best way to get all this information organized. I felt that when (the Supervisor) and I intorduced the forms next week they would *want* them rather than fight them!" Indeed, this proved to be the case as Family Advocates not only accepted the Family Contact Plan and other documentation forms, but impressed the consultant with the thoroughness and thoughtfulness with which they filled them out during subsequent role playing sessions.

One potential problem, however, was highlighted again during the training--the resistance of the Social Services Coordinator to having the Family Advocate Project incorporated into the MVCDC system. The High/Scope consultant was disturbed that the Coordinator and her social work staff, despite adequate advance warning, did not plan on being involved in the training sessions. To address this problem immediately and directly, the consultant met with this group to stress the importance of their involvement. She explained that their active participation would enable them to:

- understand the philosophy and purposes of FAP;
- learn the system (procedures, record keeping) used by Advocates in carrying out their roles;
- develop a sense of cooperation with Advocates, seeing how they could assist social workers in delivering services to families instead of competing with them; and
- see and be part of the growth of Advocates that occurs during the training sessions.

The consultant's strategy worked; the social workers agreed to have at least one staff member present at each day's training sessions. Her objectives of increasing their understanding of, and respect for, the Family Advocates were also realized as a result of this participation. After one session in which the Social Services Coordinator discussed crisis intervention with the Advocates, the consultant noted that the Coordinator "was quite impressed with the trainees' questions and responses".

Overall, the second round of Family Advocate training was very successful. At the end of the first week, the consultant commented upon the trainees' enthusiasm: "We are extremly encouraged that they all have shown up for training, by 9:30, each day. We are approaching a record! (The Supervisor) reported that as she picked them up and took them home they discussed the program with enthusiasm which is another good sign". By the end of the second week of training, we see the trainer's confidence in the trainees: "I have a high regard for this group and confidence that they will be doing their best to meet the program goals as they serve the role of Family Advocate".

Program Impact

Although it is too soon to systematically assess program impact (i.e., Family Advocate contacts with families are just beginning) there are early indications that FAP is meeting its goals for increasing the Advocates' sense of personal worth and encouraging parents' participation in Head Start activities.

Family Advocates

The trainer's confidence in the Family Advocates seems well-justified. There is already evidence that the training and program participation are having positive effects upon the Family Advocates. Just two weeks after training was completed, the consultant noted the following signs during a Telephone Interview with the Supervisor:

- "All of the Advocates are feeling very positive about their contributions to the program goals! They now have a sense of being 'credible and legitimate' due to the training and title. They have a greater sense of purpose and worth."

- (Regarding one Advocate, who was skeptical about her ability to get parents involved at her center) "She has undergone a (very visible to all staff) personality change! She is more open, direct, outgoing and aggressive! It is felt that the training had a real part in this (I agree) as well as the "legitimizing of a role" for her."

- The Advocates are doing an enormous amount of calling on parents via phone. Once again--to be able to say "I'm your center's Family Advocate" is a very stable/credible way to introduce themselves to the parents.

- These volunteers have acquired status in their centers. "Their sense of worth is high. They are willing "learners" and are certainly being responsible by being there--in their centers."

In addition, two of the advocates have made significant strides in advancing their own educational and professional development. One advocate, who had been in the first wave of parents receiving home visits, is now working on her G.E.D., inspired by the Family Advocate Project, she has also inquired about attending the local community college to work towards a degree in social work. A second advocate is currently enrolled at the community college, working on a degree in early childhood education.

Parents

Early efforts by advocates are also having an immediate impact upon parents' involvement at the Head Start centers. Advocates began working during the first full week of October 1981. In the two-month period since that time, the following significant changes have been noted:

- The number of parent volunteers in the 8 centers has increased markedly. Prior to the Family Advocate Project, there were an average of 150 volunteers in any given month. In the last two months, over 420 parent volunteers have been working in the centers, assisting in such things as field trips, and planning parties and special activities for the children. One striking success story involved a Head Start parent, described by everyone at the center as "hostile", who refused to do anything for the past three years. As a result of the advocate's work, that parent is now a regular volunteer at her center.

- The number of parents attending the center Parent Meetings has also risen dramatically. Depending on the center, attendance before the Family Advocate Project ranged between 2 and 10 parents; now attendance ranges from 10 to 23 parents, which represents approximately a fourfold increase in most cases. Moreover, the presence of the male advocate has encouraged fathers to attend the Parent Meetings at two of the centers. Where before it was rare for fathers to attend, they now make up one-quarter of the group at those two meetings.

- In addition to increasing parent involvement at the centers, advocates were also busy meeting the needs of families requiring specific services--financial, housing, medical, etc. Over a six-week period, six advocates assisted 29 families in obtaining essential or emergency services.

- An increase in children's enrollment at the Head Start centers has also been attributed to the Family Advocate Project. For example, within two weeks after training, one center enrolled 4 new children. This was a direct result of that center's advocate contacting the families.

Thus, the consultant's early promise, made during the negotiation phase, that the Parent-to-Parent Model could guarantee MVCDC a "success experience" in parent involvement is becoming fulfilled. As the FAP Supervisor said: "It was hard to believe eight months ago that we really would see this kind of success! Morale is high, interstaff relationships are good and seemingly improving daily. Small problems are staying in their proper perspective because of the major successes experienced".

Evaluation Capability

Statement of Need

Head Start brings with it a tradition of program evaluation. While this evaluation has not always been accurate or appropriate, there has been a significant thrust in ACYF in recent years to tie the assessment to the goals of the Head Start program. In this vein, Zigler (1980) makes the following recommendation for Head Start evaluation in the 1980's: "To date, evaluation efforts have largely been limited to Head Start's impact on children. Yet, there is evidence that when parents' 'sense of control' is increased, their children also reap the benefits. More research should therefore be conducted to determine Head Start's impact on parents--particularly its effects on the parents' sense of control" (pp. 50-51).

MVCDC shares both this history and future mandate with other Head Start programs. The Executive Director is pleased that the Family Advocate Project is developing its services in line with Head Start program directives, i.e., "parents should be involved in running Head Start...by sharing their talents, knowledge, and energy" (Head Start *Parent Handbook*). Analagously, she and her staff are anxious to have the program evaluation formed along the lines Zigler suggests of assessing the impact of Head Start upon parents.

To accomplish this objective, however, MVCDC is seeking consultation from High/Scope staff. For while they have the desire, they feel they lack the capability. In one sense, MVCDC certainly does not lack experience with evaluation. As noted above, being a Head Start agency means they have a long history of filling out forms; unfortunately, too often these are "forms for forms' sake". In fact, some component coordinators (e.g., social services, health and nutrition) have generated their own forms in addition to those required by Head Start. The problem with the existing MVCDC instruments is that they ask too many (and too personal) questions which are unrelated to an overall scheme of addressing program goals and analyzing the data to answer questions about the program's operation and effectiveness.

So, High/Scope's goal in working with MVCDC staff is to draw on the evaluation capability they *do* have and enhance it to better meet the basic purpose of evaluation--measuring the program's effectiveness in meeting its own goals and documenting how/why the program is (or is not) doing this.

Fortunately, given that the first and hardest task of evaluation is specifying program goals, MVCDC is farther along than some other Parent-to-Parent sites have been in their initial year. Staff have thought a great deal about what they want the FAP to do in general terms--"increase parent participation". The perceived need to do this is why MVCDC initiated a search to set up the program in the first place. However, their concept of "parent participation" is still diffuse. And they have not yet thought through what the ultimate goal of such participation will be--particularly in terms of its effect on the parents' personal lives and ability to support their child's development.

In the narrative below, we describe our first steps in working with MVCDC to establish their evaluation capability. Not surprisingly, these efforts are currently directed toward the primary task of specifying and focusing upon program goals. Subsequent tasks will include translating goals into observable behavior and then designing instruments convenient for recording and analyzing the data collected.

Evaluation Activities in the Context of Program Training

As described above, program evaluation was a topic very much on the minds of MVCDC staff during their early months of planning and training with High/Scope's program consultant. To recap the outcomes of these initial interactions:

- The desire to conduct a meaningful evaluation of the FAP was evident. Staff wanted to know whether or not their program was working, but believed they lacked the expertise to design and conduct such an assessment. MVCDC was simultaneously too narrow and too broad in their evaluation interests. They were too narrow in the sense that they limited their idea of evaluation to "outcomes" only; there was as yet no sense that evaluation needed to include documentation of the program delivery "process" in order to interpret the outcomes. On the other hand, their definition of outcomes was still too diffuse and wide-ranging. Fantasies about the program's affects were not bounded by the realities of what could be reasonably accomplished with their families in the short or long run.

- The program consultant shared with MVCDC many of the evaluation forms High/Scope had developed for measuring processes and outcomes at other Parent-to-Parent sites, i.e., the Supervisor and Home Visitor Profiles, the Home Visitor and Supervisor Implementation Scales, the Telephone Interview questionnaire, the Home Visit Plan, and the Parent Questionnaire.

- MVCDC acquired some experience using, and then adapting, several of these High/Scope forms. Again, their first response was to use the instruments "as is" because they met MVCDC's "need" for "anything that will help us evaluate the program." The trainer stressed, however, that these forms were to serve as a model; MVCDC would have to revise them to reflect the goals of their unique FAP activities.

Back to Basics: Specifying Program Goals

It was against this background that the High/Scope evaluator made a site visit to Dayton while the program consultant was conducting the fall FAP training sessions (September 1981). The major meeting that occurred during this visit was with the following MVCDC staff: the Assistant Director, Social Services Coordinator, Parent Involvement Coordinator, and FAP Supervisor. Also present was the High/Scope program trainer and, of course, the evaluator.

The evaluator explained that the purpose of the initial meeting was "to go back to the beginning in getting them to articulate and define the primary goals of the Family Advocate Project". Once she had a clear sense of their evaluation needs, they could begin working together to design the appropriate measures. The evaluator asked each MVCDC member to say what they saw as the main goal of the FAP from their perspecitve. Their responses are summarized in Figure 2.

As anticipated, the broad range of outcomes suggested that MVCDC had unrealistic expectations about what their program could accomplish. However, it was clear to the evaluator that the one goal area which recurred most consistently in their individual hopes was impact upon parents.

Figure 2

Family Action Project Goals from the Perspecitves of MVCDC Staff

IMPACT UPON:	GOALS:	IMPORTANT TO:
I. Families		
A. Parents (i.e., at all levels--those being visited, FAs, HVs, & Parent Volunteers)	1. increase quantity of parent participation/involvement in a variety of Head Start activities ("participation" to be defined)	FAP Supervisor Parent Involvement Coordinator
	2. improve/demonstrate the quality of parent participation, e.g., increase knowledge of child development, health & nutrition; improve awareness of the purpose of Head Start & the role it plays in their child's education and development	Assistant Director Social Worker
	3. improve use of community resources and Head Start services, e.g., getting children immunized, participating in nutrition programs	Social Worker FAP Supervisor
	4. enhance personal growth as people, not just parents, e.g., respecting their own needs & rights, resuming their education, increasing their professional competence & employment skills, achieving greater self-esteem	FAP Supervisor Social Worker Assistant Director Parent Involvement Coordinator
B. Parent-Child Relationship	5. decrease child abuse/neglect through prevention	Social Worker
	6. improve educational quality of parent-child interactions	Social Worker
C. Child	7. improve educational prospects	Social Worker Assistant Director
	8. enhance child development	Social Worker
II. MVCDC Policies		
D. Administrators	9. improve internal policies & practices, e.g., waiving complete immunization requirements prior to participation at the center	Assistant Director

The program consultant supported this observation by remarking that her training efforts were directed at achieving outcomes for parents and that she, in turn, was also basing this upon the primary goal voiced most often at MVCDC.

MVCDC staff readily agreed that evaluating the program's impact upon parents would be consistent with the FAP's own goals as well as address Head Start's evaluation mandate. Further, the four specific goals for parents (increasing the quantity of parent participation, improving/demonstrating the quality of parent participation, improving the use of community resources and Head Start services, and enhancing personal growth as people) were seen as an accurate compilation of the diverse concerns expressed by the group.

The evaluator stressed that the other impact areas--particularly parent-child relationships and the child--were also legitimate and important concerns. However, it will be difficult for the FAP to measure changes in these areas in the short run. To devote much effort toward such measurement can harm them in two ways: (1) it will be hard to prove the program is "successful" in making an impact; and (2) it will divert energy from accurately measuring the program's full effectiveness with its primary target--parents. Instead, the evaluator shared with the group how they could draw upon the substantial evidence already accumulated that by affecting the parent one, in turn, has an impact upon the parent-child relationship and ultimately the child's educational success. In fact, it is this demonstrated connection which Zigler refers to in saying that evaluation should focus on the first step in the chain--the parent.

MVCDC staff felt comfortable with this primary evaluation focus. They began discussing with the evaluator how to proceed with specifying the indicators or behaviors that would demonstrate whether parents were achieving each of the four specific goals. A procedure was outlined whereby:

- MVCDC and High/Scope staff will share information about parent participation options (e.g., minutes of Parent Meetings) and realistic avenues for personal growth;
- from this information various behavioral checklists or other measures will be generated;
- FAP staff will pilot the resulting measures;

- High/Scope and MVCDC will collaborate on revising the measures to make sure they meet evaluation needs; and
- the two agencies will work together to enhance MVCDC's capability to analyze and interpret the data generated on the forms.

Preliminary Evaluation Instruments

Within the context of the above procedure, the FAP Supervisor and program trainer were able to share with the evaluator several forms they had already devised or adapted for the program (copies attached in Attachment B). These instruments, which Family Advocates will use to record their activities and contacts with families are:

1. Family Advocate Project Contact Plan. This is for recording contacts at home or at the Head Start center; it is adapted from the Home Visit Plan used at other Parent-to-Parent sites. Changes in parental or family functioning are also recorded on the plan.

2. Family Advocate Project Telephone Contact Form. This form was developed in response to the problem that many advocate-family interactions were going unreported. Use of this telephone form will result in a more accurate accounting of Family Advocate services to families.

3. Home Visitor/Family Advocate Time Use Form. This form is to record activities other than personal/telephone contacts with families (e.g., recruitment of parent volunteers for the classroom) on a weekly basis. This accounting will be especially helpful for the Supervisor in monitoring the Family Advocate's time use.

4. Cancelled Session Report Form. This form is to record when/why scheduled visits with families do not occur.

5. Family Dropped Form. This form is to record the reasons for a family dropping out of the program and to summarize the attempts to retain them.

The evaluator provided some initial feedback on these forms. Again, particularly with regard to the FAP Contact Plan, we returned to the theme that the evaluation instruments needed to focus on the program goals. Too many extraneous questions would divert the Family Advocates' energies, strain the families, and ultimately weaken the power of the evaluation to say what the program had accomplished. As the goals are better operationalized by MVCDC staff in the coming months, (see above procedure) the current forms will be revised to incorporate these refinements. for example, just two weeks into the program, the Advocates themselves are realizing the Contact Plan is too long and are already talking about ways to shorten and sharpen it.

In sum, developing MVCDC's evaluation capability is proceeding in a productive and collaborative manner. Most importantly, the exercise of specifying program goals and translating them into observable behaviors not only strengthens the evaluation, it strengthens the program itself by focusing the energies of its participants upon the outcomes they hope to achieve.

Issues to Monitor

The overwhelming impression given by the MVCDC Family Advocate Project is one of early success; there is great enthusiasm and a commitment to continued hard work. Staff, and the High/Scope trainer, deserve credit for accomplishing a great deal--with parents, Advocates, and in the agency itself--within a relatively short time. However, in this excitement it is also important to monitor problems which might endanger the program's future success. Three issues are raised here which staff will need to be aware of in order to continue and extend their present efforts: institutional support, the Portage model, and planning for the RTDC.

Institutional Support

The FAP is currently enjoying the strong support of most key staff within MVCDC. At the top level, the Executive Director and Assistant Director are excited about the collaboration with High/Scope and believe that the association will help MVCDC meet its own goals. They both have confidence in the project Supervisor and are making the resources of the agency--financial, physical, and managerial--available to her in line with present needs.

Because FAP falls within the Parent Involvement component of Head Start, it is important that the project and its Supervisor have the backing of the Parent Involvement Coordinator. It is not an overstatement to say that the Coordinator has the highest praise for the Supervisor and her ability to get the job done. In the early months of the project, the Supervisor's competence resulted in her often being called upon to fulfill other roles--many involving travel--having no relation to FAP. However, the High/Scope consultant,with the backing of her own director, repeatedly stressed the necessity of the Supervisor's being physically present to monitor and support the Advocates, as well as being psychologically free to devote her mental energies to FAP itself. The message got across, and the Supervisor's non-FAP activities are now quite limited. However, given the multiple demands of the Head Start system, it will be important to keep tabs on the expectations placed upon the Supervisor. The High/Scope consultant may need to periodically reiterate to MVCDC staff the conditions under which the Supervisor must function.

FAP must also coordinate its activities with other Head Start components--particularly education and social services. Cooperation with and from the education component appears to be in place. Advocates are working well with teachers in their centers and are seen as a major asset for encouraging parents to volunteer in the classroom. Teachers view the Advocates as "complementing" existing services; hence FAP is a welcome addition to the education staff.

As noted several times earlier in this report, the Social Services Coordinator has been the only person resistant to incorporating FAP into the agency. The roots of this resistance are not entirely clear--she may see the Advocates as "competitors" with the social workers, or she may be experiencing difficulty in her relationship with administrative staff rather than having specific objections to the program. Whatever the cause, the High/Scope consultant has employed several strategies to overcome the Coordinator's negative attitude. In particular, the consultant has insisted that the Coordinator and her social work staff be involved in the training. This has not only resulted in their understanding FAP better, but has also helped them to see it as "their" program too. To further this attitude of "agency ownership", both the High/Scope consultant and evaluator have asked the Social Services Coordinator to specify how the Advocates can help her and her staff with social work functions. Again, this not only provides them with assistance in their jobs, but cements the belief that they have an important say in how FAP is defined. So far, these strategies appear to be working and much of the Social Service Coordinator's resistance is breaking down. The consultant and FAP Supervisor will need to be constantly vigilant, however, to make sure that a positive attitude is maintained. Fortunately, they are assisted in creating a positive impression with the social workers by the competence and cooperation of the Advocates themselves.

Portage Model

The possibility of incompatibility between High/Scope's Parent-to-Parent Family Support Model and the more structured Portage Home Visiting Model was discussed in the Background section of this report. As we concluded, any conflict is potential rather than actual at this point. As the

FAP expands to the other two counties and to home based families, problems could arise if the efforts are not undertaken in a highly collaborative effort. This issue is raised, not to cause problems, but rather to alert staff to be constantly aware of the needs of both of the programs and the families they serve. Fortunately, a friendly relationship has been established with the MVCDC staff person responsible for the Portage demonstration program, thus hopefully making it possible for the two projects to develop a compatible working situation.

Planning for the RTDC

Although MVCDC has barely begun the "core program", it is not too early for them to start planning for the RTDC. Planning involves multiple activities at several levels of responsibility. It is raised as an issue here because without this advance work, the current effort will lose momentum and may collapse before it really gets rolling.

Two major planning tasks can be identified at this point. First is the need to document the Family Advocate Project--its conceptualization and actual operation. This is primarily the responsibility of the Supervisor and High/Scope consultant. It must all be down on paper, with supporting materials, for the program to be transmitted to other Head Start centers during the next dissemination phase. Experience has taught us that this documentation must be a constant, ongoing activity. Trusting to memory is dangerous--too much is lost. And future sites receiving Family Advocate training will demand and need the maximum amount of resource materials as the base for evolving their own project.

Second, there must be a plan for dissemination within the Head Start system. In developing a plan the logistics of growth and concrete strategies for acquiring the funding necessary to support dissemination activities--staffing, outreach, training, evaluation, etc.--must be taken into consideration. Having adequate lead time to scout, negotiate, apply for, and obtain RTDC funding is also essential. Staff at all levels must be responsible for conceptualizing the RTDC and making it a reality. Primary responsibility, however, must be taken by MVCDC leadership--the Executive and Assistant Director--with consultation from High/Scope and others in the RTDC network. MVCDC has begun to define the dissemination goals it hopes to achieve with the RTDC. Now is the time for the agency to make these goals more explicit and seek out the resources to make them a reality.

Attachment A

Parent Levels

Level 1

- Parent Volunteer
  - *In-Kind Position

The Parent volunteer is any center parent who can assist in their child's classroom. For example:

Social Services	Education	Health
1. canvassing for food, pantry and clothing closet (collecting goods)	1. ~~daily inspection~~	1. setting up appt's.
	2. table setting	2. going to dental and doctor appt's
	3. ~~recording attendance~~	
	4. phoning	
	5. memoes	
	6. tooth brushing	
	7. handing out memoes	

- Required level of participation
  - The parent volunteer will participate at least one half day per month (morning or afternoon session) at the center.
- Optional Program Benefits for the Parent Volunteer
  - Participation in center group committee, Policy Committee and Policy Council
  - Eligible for all training sessions and workshops as well as college courses when and where slots are available.
- Time Commitment
  - One 3 hour (½ day) session per month throughout the school year.
  - Take advantage of optional training sessions when possible
- Reimbursement
  - Mileage will be paid for travel incurred while carrying out volunteer duties.

*Description of In-Kind Service to Agency
Reimbursement that the Agency receives for volunteer hours and donations of goods for special occasions.

Second Level

2. Home Visitor

- *In-Kind Position

  The home visitor will be a parent trained specifically in home visiting skills and techniques whose main function will be to maintain regular contact with center families as needed. The home visitor will not be required to assist in the classroom, but may do so if he/she chooses.

- Required level of participation

  - Two weeks of training at central office
  - Planning, conducting, recording contacts with 1-3 families throughout the program year.
  - Review sessions with program supervisor at your home or at the center.

- Optional Program Benefits

  (same as Level 1)

- Time Committments

  - Two weeks of training, 4-5 hours per day.
  - Planning, conducting and recording contacts with 1-3 families 2-6 hours per week throughout program year.
  - Review sessions with program supervisor; 2 hours per month (not including phone contacts or other program related contacts throughout program year.

- Reimbursement

  - Maximum reimbursable amount is one contact per family per week at $5.00 per contact.
  - Definition of "contact"

    - Telephone contacts

      Detailed, recorded telephone contacts with a family using the program forms. One or two long calls during a week covering issues of concern or need of the family or: a series of calls during a week necessary to meet some concern or need of a family, qualifies as a "contact" to be reimbursed.

- Personal Contacts
  - Detailed, recorded contacts with a family using program form for:
    - contacts in the family's home
    - contacts with the family as arranged for at the center
    - other designated meeting's for example; trips to a clinic, thrift shop, super market, etc.

Level 3

3. Family Advocate

- In-Kind Position

The family advocate is a parent trained in home visiting skills and techniques as well as skills needed for other agency related duties. The main function of the advocate will be to maintain regular contact with center families. The family advocate will also be responsible for the recruitment of parent volunteers and will provide them with assistance and guidance when needed.

- Required level of participation
  - All of the level 2 requirements involving contact with families.
  - Additional requirements related to classroom and/or agency duties:
    - attend additional 15-20 hours training, over time, relative to all 4 program components
    - weighing and measuring enrolled children
    - record daily attendance
    - insure at least one parent volunteer is participating in the classroom daily
    - daily inspection

    - responsible for distribution of center memos and agency related information (may delegate this duty to parent volunteers but will be accountable)
    - liaison between parents and central office staff

- Optional Program Benefits for Family Advocates
    - Participation in center group committee (Policy Committee and Policy Council not recommended due to wide range of responsibilities)
    - Will attend in-service training sessions to acquire skill for assigned duties.

- Time Committments
    - Two weeks of training--4-5 hours per day additional over time 15-20 hours
    - Combined classroom and family contact 12 hours per week
    - Review sessions with program supervisor 2 hours per month (in advocates home or at cneter)

- Reimbursement
    - $10.00 per week for overseeing classroom volunteer activities
    - $5.00 per week per family for 1-3 families assigned.

Attachment B

Family Advocate Project Contact Plan
Home Visitor/Advocate Time Use Form
Cancelled Session Report Form
Family Dropped Form

Miami Valley Child Development Centers, Inc.

FAMILY ADVOCATE PROJECT CONTACT PLAN

CENTER: ______________________________ ADVOCATE: ______________________________

FAMILY: ______________________________ PHONE: ______________________________

ADDRESS: ____

DATE OF CONTACT: ____

PURPOSE OF CONTACT:

A. ACTIVITY PLANNED

This activity is planned in order to:

B. OBSERVATIONS DURING CONTACT

*Any new or unusual actions or events that occurred with family other than described during planned activity?

C. CONTACT SETTING (where did meeting take place?)

Who participated in this meeting?

How did they seem to feel about the visit? Describe:

D. COMMUNITY SERVICES/RESOURCES

Did parent mention any health related concerns?

Indicate with an "A" (adult) or "C" (child) for whom concerns were expressed:

____ Nutrition/eating
____ Dental
____ Vision/eye
____ Physical handicap
____ Other (for whom, what) ____

____ Speech/hearing
____ Illnesses
____ Allergies
____ Routine check-ups

____ Feelings/behaviors
____ Pregnancy
____ Shots

What community services/resources did the family use this week?

What information/referrals did you make?

First? Follow-up?

First? Follow-up?

First? Follow-up?

Results of referrals?

E. FAMILY SITUATION

What things are causing problems for the family?

What are they doing about these problems?

What strengths/family resources did you observe?

F. PARENT DEVELOPMENT

What personal goals or interests did parent express during the visit?

What obstacles does the parent see in achieving these goals?

What is parent doing to achieve these goals?

In what ways did parent say or show how he/she felt about him/herself?
(e.g., about meeting goals)

List strengths:

List weaknesses:

Describe changes observed

In parents' appearance

In child's appearance

In home environment

In parenting behaviors

In family relationships

G. PARENT-CHILD INFORMATION

Did parent show approval of child during visit? Describe:

Did parent show affection toward child during visit? Describe:

What is especially pleasing to parent about child?

Was parent sensitive to child's cues during visit? Describe:

What puzzles, concerns, or frustrates parent about child?

a. How does parent describe this concern? (critical)

b. How did you respond to this concern?

Did parent express long or short term goals for child?

a. Do all those involved in rearing the child agree?

b. If no, describe:

H. PLANS FOR NEXT TIME

Other information, ideas, or comments of parent?

Promises and/or plans for next visit? (who made?)

Miami Valley Child Development Centers

HOME VISITOR/ADVOCATE TIME USE FORM

Center:

Week of:	Duties Performed Each Day
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

PARENT TO PARENT

CANCELLED SESSION
REPORT FORM

NAME ____________________________ ADDRESS __________________________

____

Date of cancelled session ____

Teacher's Name ____

Reason home visit not made:

___ 1. Mother was not at home

___ 2. Mother was ill

___ 3. Child was ill

___ 4. Home-Visitor was absent (reason)

____

___ 5. Other (explain) ____

____

____

Comments ____

____

____

____

____

____

____

FAMILY DROPPED FORM

NAME ______________________ ADDRESS ______________________

BIRTHDATE ______________________ AGE GROUP ______________________

PARENTS' NAME: MOTHER ______________ FATHER ______________________

____

Reason for loss:

_____ Moved

_____ Can't locate

_____ More than 30 miles

_____ Mother working full time

_____ Father refused

_____ Other: (Please be explicit)

____

____

____

Attach or write summary of attempts to hold this family.

____

____

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FAMILY SUPPORT PROGRAM

Ypsilanti, Michigan

Overview

The Family Support Program (FSP) is High/Scope's own local offering of the Parent-to-Parent Model. In this community based volunteer home visiting program the target population is low income families with very young children who are "at risk" for child abuse and neglect. The basic purpose of FSP is to help families better cope with the stresses that place them at risk and thereby enable them to foster effectively their own growth and that of their children. Evidence from the program's pilot year, plus the exciting potential of the current wave of volunteer recruits, indicates that the peer-to-peer support model can be highly successful in achieving this goal.

In addition to serving the needs of "at risk" families within the community, FSP serves two other major functions. First, it meets High/Scope's need to operate our own demonstration Parent-to-Parent site. Running a program is necessary for High/Scope to maintain credibility with other sites to whom we offer training and technical assistance; the hands-on experience also permits us to continually refine the model as we find ourselves facing many of the challenges confronted by our supervisors around the country. Second, FSP is important for the maintenance of High/Scope's ties with other local community service agencies. While High/Scope as an orgaization does not exist primarily to offer direct service, we still recognize the importance of providing something directly to the community which has cooperated with the Foundation's demonstration programs for nearly twenty years. As described below, FSP was started in direct response to a need expressed by other community agencies to provide support to the "at risk" families who could not be served with existing programs.

Like the Dayton, Ohio site, the Family Support Program is Ypsilanti, Michigan is a "new" van Leer site, although the program is actually entering its second year. Therefore, this report begins with a more detailed description of the program and its background up until its beginning as a van Leer site (August 1981). Following this, program implementation is summarized for the 1980-81 year and the current 1981-82 period. Finally, the evaluation capability--and the special evaluation focus selected by High/Scope's demonstration site, is covered.

Background

The Need

The idea for the Family Support Program originated in the summer of 1980. A High/Scope consultant[1], while doing outreach work in the community[2], was told, by staff from the hospital's Child Protection Team and the county's Protective Services division, that Washtenaw County desperately needed a support program for families identified as potentially at risk for child abuse and neglect. The only in-home service available was a Parent-Aid program, operated by Catholic Social Services, which provided weekly visits to families already identified as child abusers. No preventive program existed to help those families "at risk" before the potential for abuse and neglect became a reality.

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[1] The High/Scope consultant, who became the FSP supervisor, was also the trainer for the Mankato and Hawaii van Leer Parent-to-Parent sites.

[2] She was beginning another local Parent-to-Parent project for training family day care providers. In the first year of the project, the family day care and "at risk" projects were combined administratively under the "Family Support Program" title. To avoid confusion,however, Family Support Program as used in this report will refer only to the home visiting project for families at risk for child abuse and neglect

What are the circumstances of the families who can be assisted in a preventive effort such as the Family Support Program? Here are some actual scenarios shared with the High/Scope consultant by service providers in the community:

- *A young woman has just delivered a health baby boy. She is going home "alone" to a small apartment off the busline--no job, no phone, no family, no public assistance. The OB-Gyn social worker is concerned.*

- *A mentally low functioning couple has an 8 month old (weight-12 lbs.) The mother does not work outside the home. The father just lost his part time job as a stock boy at a grocery store. The doctor is concerned and has diagnosed the baby as failure to thrive. He has parent & child coming in once a week. The public health nurse manages to drop by once or twice a month. The doctor wants someone to go weekly to the home to work with the mother to provide continuity in delivering nutrition, bonding & child development information.*

- *A social services worker has a 3 year old in Foster Care. She is trying to determine if the natural parent-child home dynamics are improved enough to return custody to the parent. The single mother does part time custodian work for minimum wage.*

- *A school social worker refers a 5 year old. The teachers in the head start classroom report disruptive behavior and the mother to be unresponsive. The Social worker has not seen this in her contacts. She needs someone to work with the mom and child regularly in the home and to be a link to the teachers. The parent and child live in a basement furnace room in an adult foster care home, where the mother cleans rooms.*

High/Scope's Response

At the urging of the consultant, who was willing to take on the role of supervisor, High/Scope decided to initiate the Family Support Program in Washtenaw County. The basic intent of the program was to strengthen and support the community networks for target families by filling a gap in services rather than launch a competitive program. As we concluded in our examination of program institutionalizations (see "A Case Study: Lessons Learned", submitted to van Leer, April 1981), new ventures such as Parent-to-Parent are most successful if established as cooperative offerings which complement existing services in the community. High/Scope has a history of collaborating with local service agencies to define needs in the community and develop programs for meeting these needs. In this instance, we determined that a Family Support Program was needed by listening and talking with agencies, gaining their perceptions of gaps in services to needy families with young children. This process allowed us to define the scope of our work and solidify a base of cooperation for referrals and resources.

The Family Support Program was launched in the fall of 1980 (see Program Implementation below for operational details). A supervisor, assisted by a High/Scope graduate student, trained the first wave of volunteer home visitors--later called family advocates in this program--in the following skills:

- enhancing the growth of young children
- strategies for enabling the self-development and self-determination of families
- community outreach
- home visiting techniques

For the "at risk" families served, the overall goal is for parents to develop problem-solving techniques, reference skills, and coping abilities so that when the home visitor/family advocate is no longer supporting them, they have the self-confidence and skills to manage the circumstances of their lives. Specifically, the support given by the volunteer is to enable parents to:

- be more knowledgeable and effective consumers of community services and resources;
- gain an awareness of their ability and the skills to function effectively in their home, their children's school and their neighborhood;
- have an increased sense of power and efficacy, as shown by a willingness to make changes in life situations;
- become more aware of the importance of the early years of life and of their own role as primary facilitators of their children's learning;
- strengthen child-rearing skills and positive ways of relating to their children;
- to develop child rearing goals which meet their own needs and expectations for themselves and their children.

High/Scope's Family Support Pilot Program was developed and operated from September 1980 through June 1981. Response from the community--the agencies making referrals, the home visitors receiving the training, and the families being served--was overwhelming and positive. However, with the arrival of summer, it appeared that FSP would have to be terminated. Funds were not available to continue the service, particularly without the low-cost time provided by the graduate student Assistant Supervisor. All those involved in the effort were discouraged that a program with demonstrated and potential success had apparently failed to establish the financial base and administrative commitment necessary to become institutionalized.

Becoming a van Leer Site

After FSP had officially been terminated for the summer[1], confirmation of renewed funding from the Bernard van Leer Foundation raised the possibility of FSP becoming a Parent-to-Parent demonstration site. Although no operating money for the program itself was available, the Supervisor's salary (i.e., as a High/Scope staff member and van Leer site consultant) would be covered. Staff debated the feasibility of resuming the program, and in August 1981 made the decision that FSP would assume the status of an official van Leer Parent-to-Parent site.

Several considerations contributed to this positive decision. First, in a six-week period during the summer, the Supervisor received approximately 50 referrals from the many community agencies who had heard of the program through High/Scope's outreach efforts the preceding year. In good conscience and with a strong sense of commitment to the community in troubled economic times, Foundation staff felt we could not stop the program. With the Supervisor's salary covered, there was renewed energy for seeking additional monies to keep the service going.

Second, as stated in the Overview, staff had long expressed the desire to establish our own Parent-to-Parent "demonstration" site in Ypsilanti. The hands-on experience of running a program (which High/Scope had not done locally for over five years) was necessary to give us credibility with ongoing and potential sites in other locations. Significantly, the current circumstances under which FSP would operate would not only show High/Scope coping with the daily responsibilities of providing program training, services and evaluation, but like our other sites, we too would be in the position of having to raise our own operating money by turning to various public (local, state) and private sources for financial support. In short, our program, while housed within High/Scope itself, would be functionally just like all our other sites around the country.

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[1] The Supervisor and Assistant Supervisor, however, continued on their own to visit several families deemed at high risk and thus in greatest need of preventive services.

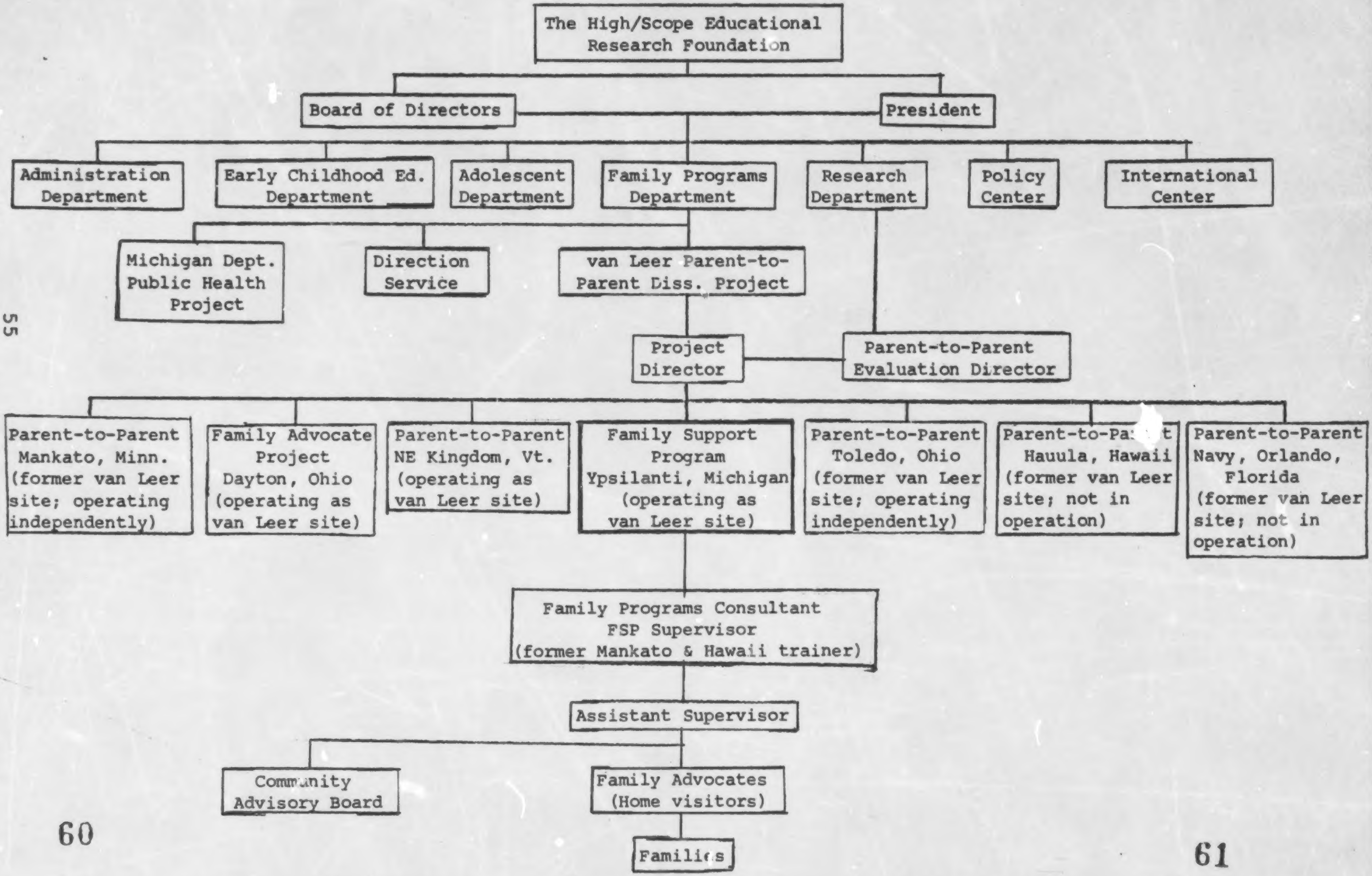
Finally, FSP afforded us the opportunity to expand the range of target populations covered by the van Leer dissemination project as a whole. Families at risk of abuse and neglect were not the specific focus of programs at other Parent-to-Parent sites; yet because of the stresses encountered by other target populations (e.g., teenage parents in Vermont or Head Start parents in Ohio), concerns about the potential for abuse and neglect were often voiced by home visitors at these sites. Moreover, prospective Parent-to-Parent sites had often approached High/Scope with questions about the model's adaptability to serving that specific population. Given this history of interest, as well as our future need for the Regional Training and Dissemination Center network to be as wide-ranging as possible, the complementary nature of the at risk population seemed an ideal addition to our other program families.

At the end of Summer 1981, a final decision was made to resume FSP as a van Leer Parent-to-Parent site. The relationship of this program to other Parent-to-Parent sites, and its place within the High/Scope Foundation as a whole, is diagrammed in Figure 1, "Organizational Chart". As we shall see below, the timing of this decision has presented some problems in initiating program implementation this year. Primarily, volunteer recruitment which could have occurred most effectively over the summer got underway in the fall, after many potential recruits made other commitments. Yet, the program is drawing on its greatest strength--ties with the community--to launch a massive public relations and outreach campaign to interest volunteers in the family advocate training. The Program Implementation, its first year history and the present recruitment drive, is reported in the next section.

The Evaluation Capability of the Family Support Program is covered in the final section of this chapter. Being within High/Scope has of course meant that this site has always had access to the research instruments and evaluation staff available throughout the Parent-to-Parent dissemination work. What makes FSP special however, is its decision to focus on the public relations and community outreach activities in its evaluation. The FSP Supervisor, and a new graduate student Assistant Supervisor, will be collaborating with an evaluator to design instruments for documenting the process and measuring the effectiveness of its outreach efforts. This evaluation will add to High/Scope's understanding of an important aspect of program implementation, an understanding which will in turn improve dissemination of the Parent-to-Parent Model itself.

Figure 1

Organizational Chart: The Family Support Program in Relation to Other Parent-to-Parent Sites and the High/Scope Foundation


The High/Scope Educational Research Foundation
Board of Directors
President
Administration Department
Early Childhood Ed. Department
Adolescent Department
Family Programs Department
Research Department
Policy Center
International Center
Michigan Dept. Public Health Project
Direction Service
van Leer Parent-to-Parent Diss. Project
Project Director
Parent-to-Parent Evaluation Director
Parent-to-Parent Mankato, Minn. (former van Leer site; operating independently)
Family Advocate Project Dayton, Ohio (operating as van Leer site)
Parent-to-Parent NE Kingdom, Vt. (operating as van Leer site)
Family Support Program Ypsilanti, Michigan (operating as van Leer site)
Parent-to-Parent Toledo, Ohio (former van Leer site; operating independently)
Parent-to-Parent Hauula, Hawaii (former van Leer site; not in operation)
Parent-to-Parent Navy, Orlando, Florida (former van Leer site; not in operation)
Family Programs Consultant FSP Supervisor (former Mankato & Hawaii trainer)
Assistant Supervisor
Community Advisory Board
Family Advocates (Home visitors)
Families

Program Implementation

Pilot Program: 1980-81

Recruitment. The Family Support Pilot Program began in the summer of 1980 with a massive community outreach and public relations drive. This "advertising" of the program had a dual recruitment objective:[1]

- to recruit families, by soliciting referrals from community agencies who came across "at risk" families, but were themselves unable to provide a home visiting support program
- to recruit volunteer home visitors, by letting individuals and organizations know of the training opportunities provided by the program.

A list of 54 community agencies and individuals was compiled by the FSP Supervisor and Assistant Supervisor. Two documents were prepared and mailed to everyone on the list (Note: Copies of all Community Outreach and Public Relations Materials are included as Attachment A):

- Parent-to-Parent Program Description. This enclosure described the general philosophy and operation of the Parent-to-Parent program and evaluation model. It was also used later with home visitor trainees to give them an overview of the program. (Attachment A.1)
- Home Visitor Fact Sheet. This enclosure was developed to provide those interested in becoming home visitors the basic facts about training and responsibilities in delivering the program. (Attachment A.2)

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[1] Recruitment for the Family Day Care Provider project was also intended with this outreach, although that aspect of FSP is not covered here.

Response to the mailing was more successful in generating family referrals from agencies than in recruiting volunteer home visitors. Nevertheless, by mid-fall, five volunteers were identified through personal contacts of program staff.

Training and supervision. Preservice training of the first wave of home visitors took place in the late fall and early winter. To accomodate the schedules of volunteers with other job and/or family responsibilities, training was conducted twice a week during the evening for three consecutive weeks plus two full-day Saturday sessions.

After preservice training was completed, bi-weekly inservice training sessions were begun in February 1981 to support home visitors as they were seeing families throughout the year. The Supervisor used several of these inservice sessions to invite other community resource people to do workshops with the volunteers, e.g., family crisis workers and experts on infant attachment and bonding. Inviting these individuals served a dual purpose: it was an excellent use of community resources for enhancing the skills of the home visitors and it furthered the program's public relations work by cementing ties with agencies who could avail themselves of FSP services.

Ongoing supervision and inservice training of home visitors throughout the year centered largely on meeting their emotional needs as they in turn supported the families. Two issues in particular were noted by the Supervisor--overinvolvement with the family's problems, and frustration that a family was not meeting the home visitor's expectations for progress and change. By the end of the year, the Supervisor felt that home visitors had grown in resolving these issues:

> Many of the home visitors began with a "rescue" attitude towards their families, even when this was dealt with in preservice training. This only changed when the home visitor began to feel "used" or "unappreciated". Then she could step back and reassess what she was doing. They have themselves seen the need to have regular meeting times, not to always be "on call".

> They feel good about their families and wish they had more time with them. The relationship can be characterized as one of "warm attachment". They also seem to be able to be supportive of families in crisis. Some also expected to receive "immediate gratification" from their work with the families--being accepted, thanked, etc. They have had to deal with the fact that acceptance can be much more subtle, i.e., you are allowed to come back.

In evaluating the training and supervision at the end of the pilot program year, the Supervisor observed that the home visitors were not able to make effective use of much of their preservice training. Much of the content (e.g., problems encountered in the home, child development information, role playing various situations) only made sense once the volunteers had actually begun home visits. The FSP Supervisor felt that alternative training schedules--e.g., a one-week preservice session followed by more frequent and intensive inservice sessions--should be considered in the future.

Services to families. From February through June 1981 FSP volunteers made a total of 170 contacts with 10 families. After the program ended, the Supervisor and Assistant Supervisor continued to see 3 exceptionally needy families on their own over the summer. Volunteer-family contacts consisted of one scheduled home visit (approximately one hour in length) and one telephone call or "drop by" visit each week. Home visitors covered a wide range of information with families, from accessing social services, to general child development and specific health and nutrition questions. The variety of activities also shows how home visitors worked hard to meet the unique needs of each family. Volunteer services included: helping to arrange respite care for one mother; going with a mother to observe her child in the classroom; giving testimony to help resolve a court custody case; and accompanying parents to a doctor's appointment to help clarify diagnosis and treatment issues.

In reviewing Home Visit Plans (a standard planning and evaluation instrument for Parent-to-Parent sites), the Supervisor noted important changes in the families. Updates from the referring agencies also charted the effects of the peer-to-peer support system. At first, home visitors were not as aware of the significance of these changes because "they wanted something more dramatic". As noted above, inservice supervision helped the volunteers to put aside some of their own expectations and better "tune into" what was happening with the family. Some examples:

- One family was referred to the program because the baby was not gaining weight and was living in a "failure to thrive" home. Both the public health nurse and the family's doctor recommended weekly home visits to help the mother tune into parenting her baby. Over a period of 7 months, the parent and home visitor had 28 visits and 40 phone contacts. The home visitor accompanied the mother to doctor visits and to special clinic evaluations to help the parent ask questions about the baby's development that were bothering her and to help the mother put to use, in a practical way, the suggestions/information from the professionals. Home visits were spent talking, sharing child development information, planning activities, and observing the baby's behavior, as well as discussing health, safety and nutrition care. The home visitor "modelled" behavior constantly for the parent. The home visits ended in August. In the beginning of October the supervisor received a call from the public health nurse to give an update on the family. She reported that the baby (now 15 months) was in a good toddler program two mornings a week and that the mother was in a support group. To quote the nurse "...I can't believe how well the mother is doing. I thought she was a lost cause. I was sure we would have to remove the baby from the home. Let me know when you have more home visitors ready. You made the difference for the mom".

- On the initial visit, one mother expressed great concern over the mess of feeding. She wanted to feed her child in an environment that was "easily cleaned up". Several weeks later, feeding was still a concern for this mother but she was also talking about toys for the child. Later still, when the home visitor arrived one day she found the child covered with cupcake crumbs and frosting; the mother was not perturbed and took the mess "in stride".

- In another situation, a single parent was receiving court-ordered home visits as part of a child custody determination case. The volunteer reported that this mother appeared to have very little interest in her child; there was almost no contact between them during the early home visits. Gradually, this mother began to respond to the child in the home. Toward the end of the year, this mother was further aware of her child in other contexts. At the mother's request, the home visitor even accompanied her on a trip to observe the child in the classroom. By the time of the court hearing in August, full custody was returned to the mother, based on the home visitor's report. The Foster care worker called the supervisor in November to refer two more families to the program. At that time he gave a status report on the other family. He stated that mother and toddler were doing fine. He stated that the "peer to peer intervention had been responsible for the successful closure of this case".

Judged against realistic expectations for these "at risk" families, the Family Support Program was successful in meeting its objective, i.e., delivering "support". Having the volunteers in their home helped to avert abusive or neglectful episodes for these parents and young children. Without this program, such preventive services would not have been available for any of these families.

Program Year: 1981-82

Transition. The current program year is starting up after a period of "transition" during the summer. This transition was two-fold: FSP changed from being "terminated" to being "resumed"; and its status shifted from purely a local Parent-to-Parent effort to becoming part of the van Leer dissemination project. Using what we had identified as "strategies that facilitate the likelihood of successful implementation" ("Case Studies: Lessons Learned", April 1981), the Supervisor and her Director evaluated their presence or absence in the Family Support Program at the end of the transition period. Their assessment is presented in Fugure 2, "Institutionalization of the Family Support Program."

Figure 2

Institutionalization of the Family Support Program

Strategies that Facilitate the Likelihood of Successful Implementation	Presence/Status in Family Support Program as of Summer 1981
a. Defining clearly and openly the goals and limits of program implementation.	Not yet; task for September
b. Allowing adequate time and resources for planning, start-up and role definition.	Not yet; task for September
c. Selecting leadership with local credibility, genuine commitment to the task, and a personal style suited to the nature of the innovation.	Yes
d. Building local support early.	Yes
e. Developing concrete strategies for maintaining program acceptance and support.	Not in place
f. Establishing legitimacy for the program	On the way
g. Setting up monitoring and feedback mechanisms early and assuring that users are committed to them.	Yes
h. Viewing implementation as a bureaucratic and political as well as technical process.	Yes
i. Assuring an adequate period of time for the program to be tested and implemented.	Last year as pilot effort
j. Early planning for institutionalization.	Not in picture
k. Planning program growth carefully.	Yes
l. Being sensitive to the inter-personal bonds that hold programs together.	Yes

Staff, in particular the Supervisor, thus approached the new year with some mixed feelings. Understandably, at the end of the previous year there was much regret that a successful program which enjoyed such positive community response had failed to achieve a permanent position within its own host agency. There was a feeling of much effort--particularly community outreach and public relations--being wasted. Even after the decision was made to renew the Family Support Program, there was a sense of frustration that this had not occurred until the end of summer. Valuable time had been lost during which volunteers could have been recruited.

On the positive side, the fact that FSP's initial success was recognized in its new status, was a vote of confidence in the Supervisor and the program. She and her new Assistant Supervisor have a high level of energy and anticipation as they approach the immediate challenges of recruitment and training. Fortunately, the Supervisor has maintained her network of contacts in the community and is using these as the basis for renewed activity.

Start-up. The Supervisor and Assistant Supervisor started up the new program year with extensive advertising and outreach efforts, and are now completing volunteer training. Given that the program already had family referrals, the primary goal of the outreach was recruitment of volunteer home visitors. This position has been renamed "family advocates" because of the linkage role they serve between families and community agencies. The FSP Supervisor hoped to train a core group of 10-12 volunteers to serve as advocates for families referred to the program.

Specifically, FSP made the following initiatives in its recruitment drive:

- The Family Support Program was placed on file with the Volunteer Action Center of the Washtenaw County United Way. This gives the program publicity in relevant columns of local newspapers, as well as access to numerous volunteer organizations in the community.

- A Letter to Community Agencies/Individuals (Attachment A.3) was mailed to everyone on the outreach list compiled during the pilot program year. In addition, this original list was expanded to include all local churches and a Letter to Pastors (Attachment A.4) was also sent. Enclosed in all these letters was a Parent-to-Parent Model Fact Sheet (Attachment A.5), providing a quick introduction to the program for agencies and potential home visitors. Also included were several Flyers (Attachment A.6) for recruiting home visitors which could be posted at each agency.

- Letters and Radio Announcements (Attachment A.7) were sent to all local stations, requesting Public Service Announcements to assist in volunteer recruitment.

- Additional flyers were posted in store and agency windows, on student bulletin boards (e.g., in the University Nursing Department), and other likely locations, announcing an open meeting to provide information to anyone interested in learning about the program and becoming a home visitor. Announcements of the meetings were also sent to everyone on the FSP mailing list.

- Articles appeared in two local daily newspapers (Attachment A.8), describing the program and asking those interested in volunteering to call the supervisor. The supervisor took the initiative in getting these articles printed, calling the reporters and providing them with accurate and essential information.

Of all these outreach efforts, it was clearly the newspaper articles which attracted the greatest response; word-of-mouth in the community also generated several inquiries about the program. All told, 34 people responded to the outreach. They were then sent information packets about FSP. Of these, 14 began the volunteer training and between 11 and 13 are expected to complete the training and become active family advocates. The supervisor's goal of having 10-12 volunteers will thus be reached or exceeded.

The trainees are a diverse and exciting group. About half are in their twenties and half in their thirties; one is over forty. Approximately two-thirds are married, and the same proportion are parents. Their children range in age from infancy to adulthood, with many in the school-age years (elementary through high school). Education levels are relatively high. Half have had some college or technical training beyond high school. The other half are college graduates, including a few with graduate training in social work, nursing, and guidance and counseling.

At this writing, the family advocate preservice training is nearly complete. In order to accomodate the varied schedules of volunteers, duplicate training sessions were often held in the afternoon and evening of the same weekday; about one-third of the trainees chose to attend in the afternoon, and the remainder came in the evening. To achieve feelings of group cohesiveness, several Saturday morning sessions were also planned when all the volunteers attended at the same time. The supervisor feels the training has gone very well and will result in a solid group of competent and dedicated family advocate volunteers. The diversity of the group will further mean a flexible pool of advocates which the supervisor can draw from in matching them with the families referred.

Actual home visits will begin in late December 1981 and/or early January 1982. Several families requiring immediate support have already been referred, and trained advocates will now be able to meet this need. Once home visiting is in full swing, volunteers will be expected to see two or three families a week for a twelve-month period. During the program, regular inservice training will accompany the delivery of services. Advocates will have bi-weekly group meetings with the supervisor, plus individual sessions to review home visit plans for their families.

In addition, plans for the coming year see the target families as active participants in the program. Parent cluster meetings will be held regularly throughout the year to bring parents and advocates together to share and learn about mutually agreed upon topics. Families are expected to grow through participation in these meetings, through taking increasingly active roles in planning home visits, by learning more appropriate use of community services and resources and, eventually, by having the option of themselves being trained as family advocates.

Funding. The FSP supervisor has already been successful in obtaining the first piece of local, community funding for the program. She submitted a grant proposal to the county Interfaith Council of Congregations, requesting money to cover the cost of advocates' activities, i.e., training, travel and babysitting reimbursements, and toys and materials to share with families. The proposal, plus a personal presentation to the Council board, were very well received and a $3,000 grant was awarded to the program. One board member was so impressed that she has offered to enlist a corps of 45-90 volunteers from the sisterhood she represents to be trained as FSP advocates! The program supervisor will pursue this offer, negotiating and planning appropriate mechanisms for training and monitoring so many volunteers.

Evaluation Capability

In the pilot program year, FSP was able to use or adapt many of the evaluation instruments developed for High/Scope's other parent-to-Parent sites. Data gathered with these instruments have also pointed to the need for developing additional site-specific evaluation tools in the coming year.

The existing evaluation instruments used or adapted by FSP were as follows: (see Interim Progress Report, June 1980 for copies of Parent-to-Parent Dissemination Project measures)

- Infant Education Interview. This videotape response measure was used to assess home visitors knowledge of child development and sensitivity to mother-child interaction styles before and after pre-service training.
- Supervisor and Home Visitor Implementation Scales. These scales were used to rate the progress made by the Supervisor and home visitors, respectively, in performing their jobs during the program year.

- Time Use Questionnaire. This form was used by the Supervisor to record the relative amount of time she spent on various program activities.

- Telephone Interview. This form was used to guide discussions between the Supervisor and her Director about the program's progress, its problems, and the types of assistance the Supervisor required from High/Scope staff.

- Home Visit Plan. This form was used by the volunteers to plan home visits and record their observations about the changes they observed in the families they were seeing.

In addition, FSP developed two of their own evaluation forms:

- Recruitment Referral Sheet. This form is to record referrals of families to the program as well as referrals the program makes to other community agencies (see Attachment B.1).

- Family Contact Sheet. This form is used to record the number and nature of actual contacts with families, cancelled visits, and comments regarding follow-up (see Attachment B.2).

Data from these instruments regarding training, supervision and services to families have been summarized above (see Pilot Program Implementation). However, these measures--particularly the Telephone Interview--revealed that a more systematic evaluation of community outreach and public relations activities was necessary to fully understand the Family Support Program. The evaluation needed to address both time required for and the effectiveness of these activities:

- Time. One month into the program, the Supervisor already noted that public relations activities were "very time consuming!" Two months later, she reiterated "it is clear that the job of public relations is much greater than anticipated". Toward the end of the pilot program year, the Supervisor reported that half her time, as well as the majority of the Assistant Supervisor's time, had been spent informing the community of the program's existence and its services.

"This is a consistent process--attending agency meetings and conferences, *keeping visible*".

- *Effectiveness*. The Supervisor raised two questions about the effectiveness of the public relations effort. First, she was concerned about *effective communication of the purpose of FSP*. In particular, she wanted to be sure its preventive aspect was stressed: "Are we describing the program to agencies and families so that families in the program don't think they are being viewed as child abusers?" Second, the Supervisor wanted evidence that the program was becoming part of the *community referral network*--assisting families *and* the agencies themselves. Both appeared to be happening. FSP had received more referrals than it could handle, and these came from at least 25 organizations within the community. And other agencies were asking if some of the training offered to home visitors could be made available to their own social service providers.

As the second year of program implementation gets underway, evaluation procedures for documenting public relations activities and measuring the effectiveness of this outreach are being developed. The Supervisor and Assistant Supervisor will be working together with the evaluator to:

- *Document public relations activities*. Forms will be designed for recording the nature and content of all contacts with community agencies, individual service providers, and/or other linkages with service and referral sources.

- *Assess the effectiveness of outreach efforts*. Based on the dual concerns noted above, the program's effectiveness will be evaluated according to: (1) the community's understanding of FSP, its purposes, target population, etc. and (2) the extent to which FSP becomes part of a community referral network, able to receive and make referrals as well as offer other assistance (e.g., training) to service agencies.

The data gathered with these new evaluation instruments will add important information on the role of public relations/community outreach in the implementation and dissemination of the Parent-to-Parent Model.

Program staff are of course also interested in systematically documenting the impact of the FSP upon the parents and children referred for peer support. As at other sites, specific adaptations in the Home Visit Plan (or Family Contact Form) will be made to measure the growth observed in parent-child interaction over the course of the program year. Toward this end, the evaluator will be meeting with the family advocate trainees as they are preparing to begin home visits. Together, program and evaluation staff will be brainstorming a list of those changes they might realistically and reasonably expect to see during the months of volunteer-family contact. Significant gains observed during the pilot program year will be used as guidelines in determining the nature of "realistic" or "achievable" growth anticipated in the current venture. Family advocates will be trained to observe and record these changes on their planning forms. Successive revision of the instrument during the year will draw upon the advocates' actual experiences with families in the home and their attempts to use the measure they have had a role in developing. The final instrument will document the program's success in helping at-risk parents be more supportive of their young children's growth and development.

Next Steps

In closing, the Ypsilanti Family Support Program is embarking upon a challenging year. There is a clear need in the community to offer services to families at risk of child abuse and neglect; and there is clearly enthusiasm among agencies and volunteers that the peer-to-peer support program will be an effective means of providing such service. The recent grant award from the local Interfaith Council of Congregations is evidence of the community's backing. This vote of confidence can be parlayed into further concrete support.

Less clear at this moment are plans for establishing the Regional Training and Dissemination in Ypsilanti. Major questions need to be answered at the institutional level regarding the relationship between the core program and the regional center, and between the regional and national centers--all physically located at the High/Scope Foundation. As the core program itself picks up momentum in the next couple of months, these larger issues will begin to receive more attention. In the process of establishing the national training and dissemination network, the Ypsilanti program anticipates profiting from the experiences of our other van Leer sites whose development activities will complement our own.

Attachment A

Community Outreach and Public Relations Materials

1. Parent-to-Parent Program Description
2. Home Visitor Fact Sheet
3. Letter to Community Agencies/Individuals
4. Letter to Pastors
5. Parent-to-Parent Model Fact Sheet
6. Flyer for Home Visitor Recruitment
7. Letters and Radio Announcement
8. Local Newspaper Articles

High/Scope Educational Research Foundation

A Framework for a Family/Community Support Program

Through a unique grant from the Bernard van Leer Foundation, the Parent-Infant Department has been provided with the core funding for the dissemination of its Parent-to-Parent Model in several communities throughout the United States. The communities were selected on the basis of:

- a compatibility with High/Scope in terms of a philosophy for working with families.
- an across site diversity in the representation of different parent/child populations as well as geographic locations.
- the community's willingness to generate (provide) funds for the program as a way of demonstrating their commitment to the project for a three year period.
- the community's potential as a demonstration model and a further disseminator of the model as indicated by the community's linkages with state-wide political systems, agencies and organizations.

PURPOSES/GOALS

To assist parents in developing childrearing knowledge, attitudes and behaviors that will enable them to foster their children's competence socially, emotionally, cognitively and physically (i.e. whole child development) as well as their desire to learn. It is a community based program that:

- provides support for families by parents.
- supports parents as they become aware of the importance of the early years of life and their role as primary facilitators in their children's learning.
- provides a framework for enhancing the growth and development children through developmentally appropriate activities and materials.
- strengthens the overall family situation and parenting skills

- encourages active involvement of the parent.
- provides ways for parents to gain awareness of available community services and become better consumers of these services.

OUTCOMES OVER TIME

Over the course of the year as the program becomes rooted in the community it should change to meet the changing needs of the families and community resources. The program should:

- develop child focused ideas and materials for families based on appropriate values and concepts.. supplemented with current knowledge in health, nutrition and other related services.
- provide a variety of meaningful educational and support experiences to parents using the appropriate materials and resources.
- strengthen community resources, services and coordination.
- observe spin-off of the value of the program to other family members.
- extend/develop its content as needs and desires are expressed.
- become an advocate for family support policy.

CHOOSING A POPULATION

The community agency using the model selects the population the program will serve based on their perceptions of

- the needs of the community
- the need to strengthen families.
- the model is to be tailored to the ethnic and cultural feature of the families it serves.

DELIVERY SYSTEM

It is felt that a mixed delivery system responds individually to the strengths and needs of each family and breaks down feelings of isolation that many parents experience by developing a support network.

- Home-based with trained home visitors going into the homes of participating families on a weekly basis for a 12 month period.
- Group meetings to be regularly scheduled. Frequency is determined by the needs and interests of the families.

CURRICULUM

The curriculum is based on the cognitive theories of Piaget as well as our own and other experiences working with infants and toddlers (0-36 months). It's components are:

- family centered with a primary focus on infants and toddlers.
- active participation of family member serving as resources with home visitors.
- group meetings
- assumptions about parents we recognize and respect the skills, experience and knowledge parents have and help them to expand/refine these skills by supporting their present level of functioning.
- assumptions about how children grow and learn with emphasis on sens of self, physical changes, relationships with other people, communication and understanding the world.
- a body of developmentally appropriate activities and materials.
- a way of looking at the dynamics of family interaction.

EVALUATION

The evaluation system is designed in such a way that it does not interfer with program operation. Evaluation

- is an integral part of the program.
- allows staff to examine the functioning of the program on several levels.
- documents the program process
- assesses the overall effects of the program.

HOME VISITOR FACT SHEET

Program purpose: To provde support to families with infants and toddlers who are experiencing difficulty.

Delivery system: Home visit

What High/Scope Provides the Home Visitor:

Opportunity

- to use your people skills and experiences
- to make a much needed contribution to your community

Extensive Training

- 2 week Home Visitor Training Session (8-16 hours., times to be arranged)covering:
  - child development
  - supporting family development
  - using community resources

Ongoing Support

- Weekly in-service meetings
  - to share Home Visitor experiences
  - to expand your knowledge of development

Money

Reimbursement for
- gas (while on visits)
- child care (while on visit)

What Home Visitors Provide the Family

Weekly Home Visits (45 min. - 1 hr.)
- sharing
- supporting
- caring

What High/Scope asks from Home Visitors

Weekly home visits for 9 months

Approximately 3-4 hours each week
- 1 hr. home visit
- 1 hr. in-service group meeting
- 1 hr. planning and recording for visit

Assistance
- by sharing your thoughts in meetings and home visit records, you help improve our program

A.3

LETTER TO COMMUNITY AGENCIES/INDIVIDUALS

High/Scope Educational Research Foundation

600 North River Street
Ypsilanti, Michigan 48197
(313) 485-2000

David P. Weikart, Ph.D.
President

Good News about the Family Support Program

The Family Support Program is looking forward to an active year home visiting families with young children and to working with you. The basic purpose of the program is to provide child development information and parenting support to families experiencing difficulties (see attached for details). We got off to a slow start due to unanticipated funding uncertainties, but now we are ready to go.

We are busy recruiting people to train as home visitors. Please help us by telling people who might be interested in volunteering about our program. Any interested individuals should feel free to contact us to hear more about being a home visitor. We are including some flyers and information sheets for you to post and/or hand out.

If there is anyway we can help you or fill in details give us a call.

In the best interests of families,

Barbara Reschly   Laura Gasparrini

Phone 485-2000 ext. 15

A.4

LETTER TO PASTORS

High/Scope Educational Research Foundation

600 North River Street
Ypsilanti, Michigan 48197
(313) 485-2000

David P. Weikart, Ph.D.
President

October 6, 1981

Dear Pastor,

The High/Scope Educational Research Foundation Family Programs Department is looking forward to the second year of the Family Support Program. We are now in the process of recruiting volunteers in the community to train as home visitors (see attached for details).

Last year, during our pilot project, we visited approximately fifteen families. This year, we already have over fifteen families referred for our services from local community service agencies. Would you please help us by announcing our program during your church services/posting this information in your church bulletin. We are enclosing some flyers and information sheets.

If there is any way we can help you or fill in details give us a call. We will be contacting you by phone next week.

In the best interests
of families,

Barbara Reschly
Barbara Reschly
Laura Gasparrini
Laura Gasparrini
Clarissa Agee
Clarissa Agee

BR:LG:CA/lm

**For those interested in volunteering, we will have an informal volunteer meeting: Friday, October 16, 1981 at 10:00 AM. Location: High/Scope Foundation
600 North River St.
Ypsilanti, Michigan 48197

HIGH/SCOPE EDUCATIONAL RESEARCH FOUNDATION
600 North River Street
Ypsilanti, Michigan 48197

Parent-to-Parent Model Fact Sheet

Who We Are

- High/Scope is an independent non-profit organization whose principal goal is to develop and disseminate practicial alternatives to the traditional ways of educating children.
- The Family Programs Department is principally involved with developing community based programs to support families. The Parent-to-Parent Model offers a cost-effective way of training community members to work with families and build community support networks.

Purpose of Program: Support & Prevention

- Develop community based support system for parents and children.
- Strengthen bonds between Medical, Social Services, Educational and other community services and families.

Delivery System: Home based; weekly home visits for approximately a year, or as needed.

Kinds of Families Served:

- Identification: Families, with children, who are seeking assistance or have been identified as needing services relevant to parenting and/or others areas of need.
- Families where a concern or question has been raised and some outside assistance will be appreciated, and where a non-professional will be more readily accepted in the home on a regular basis.

Referral System:

- Self referral and/or
- From community agencies staff, e.g., visiting nurses, Social Workers, Mental Health Workers, Clinics, Pediatricians, etc.

Role of Home Visitors:

- Provide support, strengthen parenting skills
- Aid parental awareness of child development; model and encourage active parent involvement and age appropriate expectations of child.
- Become link to and resource for community services.

Home Visitor Training:

- Paraprofessionals Parent-to-Parent on-site training, consists of a strong emphasis on effective sensitivity; child development; observational skills; limits of her role as a home visitor; knowledge of community resources; team work; effective liaison/ advocacy skills.
- On-going in-service training and Home Visitor Support by on-site program staff.

Goals:

- To develop a family support system
- To strengthen both parenting and consumer skills of participating families, thus creating an on-going pool of self confident, contributing community members.

For more information contact:
Barbara Reschly or Laura Gasparrini
485-2000

A.6

Have You Heard?

Pass It Along

Needed:	Sensitive people willing to volunteer as Home Visitors.
For:	The High/Scope Foundation Parent Support Program.
To:	Provide support and assistance to families with infants and young children.
How:	Following intensive training, home visitors will work in direct contact with families.
Time:	Approximately 6-10 hours per week with reimbursement for travel and babysitting expenses.
Contact:	Barbara Reschly or Laura Gasparrini at 485-2000, 600 N. River Street, Ypsilanti.

PROGRAM TO PROGRAM

A.7

High/Scope Educational Research Foundation

600 North River Street
Ypsilanti, Michigan 48197
(313) 485-2000

David P. Weikart, Ph.D.
President

September 22, 1981

John Boshoven
Public Service Director
WYFC - AM
17 North Huron St.
Ypsilanti, Michigan 48197

Dear Mr. Boshoven:

The Family Support Program is looking forward to an active year serving families with young children. Right now we are recruiting people to act as volunteer home visitors. Please help us by telling people who might be interested in volunteering about our program.

Could you air the attached public service announcement to aid us in our efforts? If there is anyway we can help you or to gather more information feel free to call us.

In the best interest of
families.

Barbara Reschly
Barbara Reschly

Laura Gasparrini
Laura Gasparrini

BR:LG/lm

PUBLIC SERVICE ANNOUNCEMENT

Radio

The Family Program Department of the High/Scope Foundation is looking for volunteers to work as home visitors in the Ann Arbor/Ypsilanti area. This is to provide support and assistance to families with infants and young children. Willing individuals with a sensitivity to the needs of others will receive intensive initial training and on-going supervision in the areas of child development and observation, modeling parenting skills, and linking families with community resources. Home visitors will be asked to contribute 6-10 hours per week, for which they will be reimbursed for travel and babysitting expenses. For more information please contact: Barbara Reschly or Laura Gasparrini at 485-2000/

Ypsilanti Press
Thursday, Oct. 22, 1981

Parent support group director seeks volunteers

Living '81

By JO COLLINS-MOUISH
Living Editor

Last summer Barbara Reschly became unpleasantly aware of a growing trend in the community.

Nearly every day her office at High/Scope Educational Research Foundation received requests from local agencies unable to support cases they might have before the onset of federal budget cuts.

A 24-year-old Ypsilanti woman would be taking her baby home to an empty apartment off the busline. Did Reschly know of someone who could help?

Another mother was frustrated at being home all day with two active toddlers. Would she help? Did she know of someone who could?

Reschly had the same answer for each: "I'll get back with you this fall."

And now, as coordinator of High/Scope's newly-formed Parent Support Program, Reschly hopes to keep that promise. Unless events take a positive turn, however, the task will not be easy.

"Recruiting volunteers is like pulling teeth," Reschly said. "But we're going to have to start helping each other because help is not going to be there from any other source."

Through the Parent Support program, trained volunteers will visit parents experiencing difficulties with their infants or small children in their homes. The goal of the program is to strengthen parenting skills as well as to aid parental awareness of child development and encourage the parent's active involvement with the child.

The program will seek to aid families not qualified to receive aid from struggling social agencies but which are nonetheless experiencing difficulties.

"As all these services keep cutting back, we're going to see lots more stress in families,' she said. "The possibilities of families collapsing around us will increase but these people won't fit in anywhere...We'd like to relieve some of the frustration in the community right now."

The goal of the home visitors is not to prevent violence in the homes, Reschly stressed, but to support families experiencing difficulties before a crisis situation arises. She added that volunteers will not be asked to handle "heavy-duty" cases requiring professional help.

One goal of the program is to have the parents who are visited eventually become home visitors themselves.

Carole Ichesco's family was one of five visited in a pilot program sponsored by High/Scope last fall. Because the experience had a positive effect on her own family, Ichesco now plans to become a home visitor herself.

"You sometimes can't always step back and see your own family for what it is," she said. "Sometimes the power of another person being there to help can really make a difference. When it's a third person making a suggestion, you're more ready to accept it."

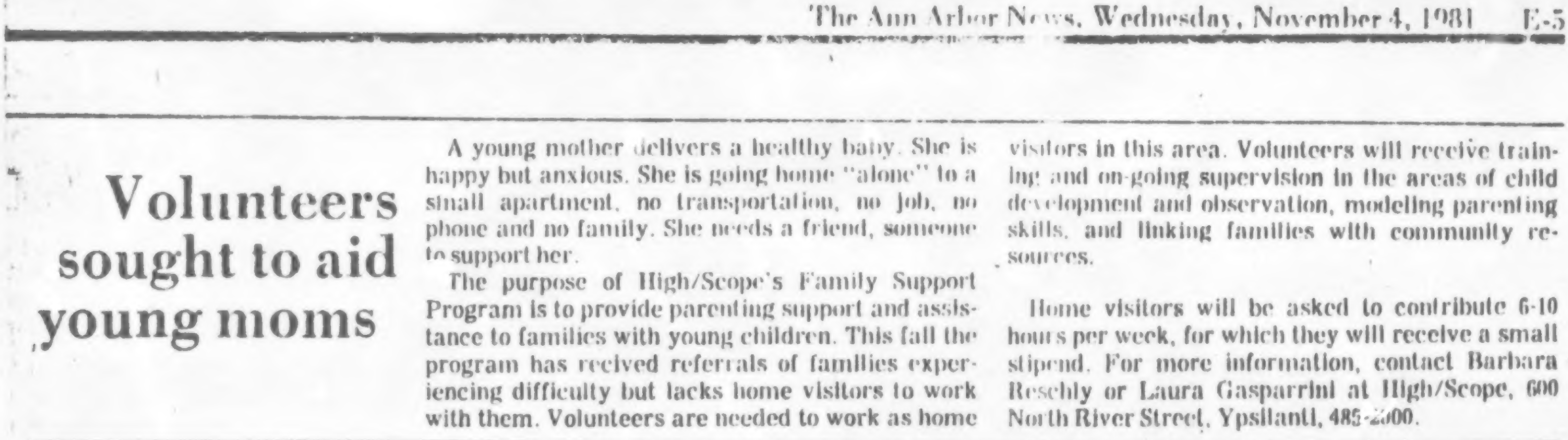
Fran Parker-Crawford, a staff member at High/Scope who has worked as a home visitor in other programs for several years, explained why volunteers also benefit.

"There's a human element missing from some jobs," she said. "As a home visitor, you invest yourself in another person — you build a trusting friendship. That's what humans are all about. We need each other."

The home visitors, who receive intensive training in child development and parenting skills, visit two or three families each week for a total of between six and 10 hours.

"We recognize that we're asking for a strong commitment in getting involved in people's lives," said Reschly. "We expect them to get out and perform."

Persons wishing to volunteer can call Reschly at 485-2000.



The Ann Arbor News, Wednesday, November 4, 1981 E-5

Volunteers sought to aid young moms

A young mother delivers a healthy baby. She is happy but anxious. She is going home "alone" to a small apartment, no transportation, no job, no phone and no family. She needs a friend, someone to support her.

The purpose of High/Scope's Family Support Program is to provide parenting support and assistance to families with young children. This fall the program has recived referrals of families experiencing difficulty but lacks home visitors to work with them. Volunteers are needed to work as home visitors in this area. Volunteers will receive training and on-going supervision in the areas of child development and observation, modeling parenting skills, and linking families with community resources.

Home visitors will be asked to contribute 6-10 hours per week, for which they will receive a small stipend. For more information, contact Barbara Reschly or Laura Gasparrini at High/Scope, 600 North River Street, Ypsilanti, 485-2000.

Attachment B

Evaluation Forms

1. Recruitment Referral Sheet
2. Family Contact Sheet

RECRUITMENT REFERRAL SHEET

Family	Address	Phone	Called by-	Home Visited With...					Referral to*	Referred by	Phone	Additional Comments
				Infant	Mother	Father	Siblings	Important Other				

*
Code for agencies
ss = social services
dr = doctor
mh = mental health (social worker)
ph = public health nurse
cpt = child protection team
ps = protective services

Family ____________________

HOME VISIT TALLY LOG & REIMBURSEMENT FORM

Address ____________________
____

Home Visitor ____________________

Date	Call to	Called by	Home visit with...					Cancelled Visit	Rescheduled Visit	Transport Provided to...	Date Home Visit Plan Turned In	Additional Comments
			Infant	Mother	Father	Siblings	Important Others					

***Reimbursements will not be issued until Home Visit Plans are turned in! Please turn in by first of month for reimbursement!!!!

P. O. # ____________________

Amount of Reimbursement ____________________

THE PARENT-TO-PARENT PROGRAM

Northeast Kingdom Mental Health Services
Vermont

This report presents an account of developments in the Vermont Parent-to-Parent program during the 1980-81 program year. This was the second implementation year at the Vermont site. It was a year characterized by continuing adaptation of and experimentation with some of the organizational features of the Parent-to-Parent Model expansion of the program in other regions of the Northeast Kingdom and in numbers of families served, and continuing institutionalization of the program into the life of the Northeast Kingdom. It was also a year of consolidation: the tentative foundations that had been laid during year one of implementation--the most basic of which was the hypothesis that the program was needed and would be effective--proved to be strong ones. During the second year no one asked whether the program should be there; rather people asked how it ought to develop.

Program Status

During its first two years of implementation the Parent-to-Parent program in Vermont served a total of 40 teen parents and their children. It has used a total of 30 home visitors to work with these families. Two waves of home visitors were trained during year one of implementation, and two waves during the second year. During year two the program expanded into two new regions of the Northeast Kingdom: the western and northern segments. To help administer the program in these areas and in one of the original areas of service, three "area coordinators" were hired from among the first wave of home visitors. The program supervisor worked with these area coordinators, who did much of the week-to-week supervision of home visitors in their region.

New groups of teen parents have begun participating in the program in synchronization with the waves of home visitor training. These took place in the fall of 1980 and eary summer of 1981. As in year one, the program supervisor maintained a list of pregnant teens who had expressed interest in participating in the program. The expansion of the program into new regions reduced some of the "geographic" pressure from the growing numbers of teen parents, or expecting parents, that were being identified (and added to the list) in the western and northern parts of the Kingdom. Many teen parents who began being visited between January and June 1980 continued to be visited during the 1980-81 implementation year. Termination of home visiting was very much an individual issue.

Consolidation and Expansion

The most important feature of program development during year two of implementation was expansion of the program into the western and northern regions of the Northeast Kingdom. This expansion affected almost every area of program operation, leading to re-thinking of staffing patterns and roles, and creation of new monitoring and evaluation instruments. The pressure to expand to new regions had started to build during the first year of implementation. Although the geographic focus of first year home visiting was in the southern part of the Kingdom, extending up into the central area, a few of the home visitors lived in the north and west and worked with individual families from those regions. This limited activity, complemented by growing numbers of referrals of families from each of these regions, created a climate of inevitability concerning program expansion.

Three issues confronted the director and supervisor in contemplating this expansion. First, it was difficult enough to personally supervise the activiteis of home visitors working in just one region of the Northeast Kingdom, especially given the dispersion of families and home visitors in such a rural setting. Second, expansion into new regions would create new operating expenses. A third concern was the broader question of how quickly the program could expand and retain a sense of cohesion and identity among home visitors, one of the keys to program success during the 1979-80 year. The program staff had learned that in a rural setting personal support and supervision of home visitor is especially crucial. Home visitors can easily begin to feel isolated themselves and lose their sense of identity within the larger effort.

At the same time that administrative staff were aware of expansion issues, home visitors were developing a new role for themselves based on their needs. Providing support to a young, isolated family, especially when there are intra-familial stresses, can be emotionally exhausting. Home visitors needed their own support group to keep their energy up. This support group evolved within the first wave of home visitors, some of whom represented the regions being considered for expansion. These home visitors were feeling ready to move into new roles in the program after almost a year of home visiting (this was in late Fall 1980). Thus, their needs intersected with program needs, and it was decided to make them "area coordinators" who would supervise new home visitors trained to work in their region.

Area coordinators were designated for the northern, western and central regions of the Kingdom. They perform most of the supervisory and record-keeping tasks done during year one by the program supervisor, with the exception of initial and in-service home visitor training. Their responsibilities thus include: reviewing with home visitors their plans for and reports of home visits; maintaining all program records; sseing that evaluation instruments are applied on schedule, and organizing evaluation data to send to the supervisor; periodically evaluating home visitors using the home visitors implementation scale; helping assign home visitors to families; and providing ongoing personal support to home visitors--being accessible when support was requested.

The supervisor's role in the Parent-to-Parent program shifted in response to the creation of the area coordinator role. She had to continue to provide supervision to the home visitors in the southern regions. She had to provide training to the area coordinators in their new responsibilities. And she had to keep track of the separate activities of four mini-programs, where home visiting was starting for individual families all the time. In addition, she had to continue providing training to all home visitors, now scattered widely throughout an area of almost 2000 square miles. She was to find, as the year developed, that supervising a widely geographically dispersed program was enormously taxing.

The financial cost of expansion were partly offset by the smaller technical assistance contract with High/Scope during year two of implementation, and partly by decreasing the program director's time. In actuality, the area coordination position never developed into a formal staff position with full pay. Rather, each of the three area coordinators received a $1200 stipend for the year, and was expected to work with the program 10 to 20 hours a week. The demands of the role and the coordinators' commitment to the program were such that everyone ended up spending more hours fulfilling the responsibilities of that role than had originally been anticipated.

Two new waves of home visitors were trained during year two of program implementation, continuing the first year's trend of having two program waves a year, instead of the one suggested in the generic Parent-to-Parent Model. The training was done in response to the pressures to expand. But it proved difficult during the year to provide adequate technical and interpersonal support to home visitors in such different stages of development as home visitors, even with the assistance of area coordinators. The supervisor found that she constantly had to "shift gears" in thinking about the kinds of in-service training she should be doing. Newer home visitors were more obviously needy in terms of support demanded, but first wave home visitors continued to have their own developmental needs. What kept the situation in hand, aside from the supervisor's energy, was the strong support home visitors were continuingly able to provide to each other. In fact, the peer support among home visitors, and to a lesser extent among teen parents, was an element essential to maintenance of a sense of cohesion and identity among all the participants within the program.

The second year of program implementation was also a period of consolidation of gains achieved during the first year. The program had proved viable, and most important, had found its place among the various services to adolescent parents in the Northeast Kingdom. The core staff had to spend some time assessing what they had achieved.

The core staff--the director, supervisor and first wave home visitors--also had to shift their perspective from demonstration to long-term operation. The need for building a long term perspective on operation conflicted with the pressures to expand, even as expansion meant integrating new communities and people into core program structure. Early participants needed some time to assimilate their first year accomplishment and knowledge gains, so that they could use these as a base for second year activities. That assimilation would prove especially crucial later in the year as program staff began looking to a regional dissemination phase in which they would be helping other communities implement the Parent-to-Parent program. One area in which consolidation of knowledge gained took place was home visiting.

Home Visitng: Gaining Institutional Experience

During the second year of implementation program staff began to consciously attempt to identify the requirements for and constraints to effective home visiting. Their discussions among themselves,and with High/Scope staff, centered around training and supervision of home visitors and the most effective roles home visitors can play vis-a-vis the family.

The most important lesson learned about training during year two was that the full two weeks of pre-service training is absolutely essential for prospective home visitors before they begin to work with families. The supervisor experimented with slightly less pre-service, with areas not fully covered to be dealt with in early in-service sessions; but this strategy proved inadequate. Less than the two full weeks of training prevents the fulfillment of a number of basic requirements. It does not allow: adequate time for home visitors to internalize the demands of their prospective role and self-select themselves into or out of the program; adequate time for home visitors to understand the evaluation and documentary requirements of the program; and adequate time for home visitors to integrate the individual elements of knowledge shared with them, such as program goals, child development information, and possible home visiting activities.

A nubmer of important aspects of supervision of home visitors were also identified during year two. The supervisor needs to keep home visitors focused on program goals. The latter tend to get wrapped up in the family's immediate concerns, and can forget that the program is not designed to solve all of a family's problems. The supervisor must help maintain home visitors' sense of identity with the program. Home visiting, expecially in a rural context, can be a very isolated and isolating experience, as well as an emotionally exhausting one. Home visitors need to have the feeling that the program is behind them, that they have people to turn to when they need support. The supervisor should recognize points in a home visitor's development in that role when the latter is ready to assess progress, problems, and further information needs. Home visitors usually need six to eight weeks of home visiting to work out in practice the requirements of their role and of the program, and to discover areas in which they lack information. In the Vermont program, for example, the first waves of home visitors identified, after that period of time, an urgent need for information on adolescent development, and a need to find ways to involve other family members in the program.

In-service training has proved to be a very useful support tool in Vermont. It has served to keep home visitors identified with the program; it has provided information at crucial points in time; and it has helped home visitors form a peer support network. With four waves of home visitors by the end of year two, the supervisor had the problem of setting in-service agendas that were useful to all. She found, though, that more experienced home visitors appreciated an opportunity to share their experience with their peers.

In informal discussions with home visitors during year two, High/Scope training and evaluation staff asked home visitors, the area coordinators, and the supervisor to identify bases of effective home visiting. Among the bases identified were:

- Effectively making transitions in the focus of the home visit; identifying when it is necessary to shift focus, and doing so in a way that keeps the mother being visited involved intellectually and emotionally. The most important transition identified was after the first weeks--shifting the focus from the mother's needs to parent-child interaction issues.

- Not taking sides in difficult family issues; being responsive and empathetic, while preventing the mother or father, or other family members, from coming to see the program as an ally of one family member, or even the cause of certain conflicts.

- Being able to reflect objectively about what is occuring during home visits, in order to modify one's own role as home visitor, if necessary; using that self-conscious reflection as a planning tool;

- Communicating to parents that they do have choices in defining what their future will be like; that they can evaluate and re-evaluate decisions they have made, but that they do, nonetheless, have to take responsibility for the consequences of those decisions;

- The ability on the part of the home visitor to judge when it is appropriate to share aspects of their own lives to communicate certain messages to parents being visited; such sharing reduces the parent's sense of isolation with their own problems, and creates a concrete basis for discussing solutions to problems and strategies for meeting family needs.

In general, there was growing awareness among program participants in Vermont that home visiting, as it has been conceptualized in the Parent-to-Parent program (and perhaps other similar programs), creates a unique kind of relationship between home visitor and parent. That relationship is neither completely a peer relationship, nor a professional-client relationship. It is not constrained by emotions typical of intra-family relations; yet it is also not a simple friendship, because in addition to intimacy and mutuality, it is purposeful, with finite goals. Finally, it induces personal growth in both parent and home visitor, because of the purpose, the knowledge and experience exchange, the role demands and self-consciousness that accompanies thinking about what is occurring.

Planning for Regional Dissemination and Training

During the second year of program operation the question of what shape the Parent-to-Parent program would take in future years was discussed actively by program staff and other Northeast Kingdom Mental Health Service staff. Thus, the notion of the program becoming a center for regional dissemination and training--proposed by High/Scope in the early part of that second year--though surprising, was integrated easily into ongoing debate at the Vermont sites. From the time of its introduction it was seen as an attractive idea because it was clear that the Parent-to-Parent program would have to support itself if it were to survive; the program would not be able to continue capturing funds as a demonstration program forever, and the host agency was in no position to pick up program costs. Further, the program had been receiving requests for informatin about its activities from as early as October 1980, from within Vermont, and from neighboring states. Agencies in other communities were finding the program approach attractive.

Regional knowledge of the Vermont Parent-to-Parent program was spread very effectively during the second year by the program director and other staff through a variety of media and through presentations. The Vermont site staff first started doing regional dissemination to enhance the program's visability in order to secure future funding for the core program. They did radio interviews, newspaper stories, presented the program at a number of special interest group meetings, put out a monthly newsletter, and developed a videotape documentary on the program. The Advisory Board proved to be very active promoters of the program throughout the Northeast Kingdom, at the same time trying to identify future regional and state funding sources.

Moving toward the end of the second year, the program was in a very good position to identify itself as a regional center. It was well known, its achievements were respected, and the program model was proving to be attractive to different kinds of human service agencies. These included a Head Start program, Home Health and Visiting Nurses Agencies, other Mental Health Clinics, a regional hospital, and a university-based early intervention program. The state department of Mental Health was following the Parent-to-Parent program's progress closely, and was, in the early Fall of 1980, to award the program the first prevention grant it had ever awarded in the state. Program staff were already talking to other local and regional programs about providing particular kinds of technical assistance to them in home visitor training, working with parents, and so forth.

Nonetheless, even as late as the summer of 1981, the program did not have its "core" funding to continue running the Parent-to-Parent program itself in 1981-82. This funding was considered essential to further development of the Regional Training and Dissemination Center (RTDC) idea. High/Scope's new grant with the Bernard van Leer Foundation was to provide technical assistance to sites in implementing the RTDCs, but not the operating funds. By the end of the summer the program received commitment for a third and final year of demonstration funding from the Turrell Fund of New Jersey, funding based on the program's first two years of performance. And in early Fall 1981 it received commitment for a third and final year fo funding from the Public Welfare Foundation of Washington, D.C., half of which was a "challenge" grant to encourage the program to raise new monies.

In the spring of 1981, during the second implementation year, the staff began thinking about the internal organizational implications of developing into an RTDC. The core program was growing and it was proving difficult enough to run that at a constant staffing level. The new, and additional, tasks implied by implementation of an RTDC would require an increase in full-time staffing of at least 100 percent. The question of whether such a center would fit within the Northeast Kingdom Mental Health Service mandates and priorities, increasingly oriented toward direct patient service, also had to be discussed with agency executives. In fact, the agency was itself debating internally how it would support itself in the coming period of reduction in federal and state funding for community mental health. The idea of generating funds through contractual provision of services to other organizations in the region appeared to be one way of supporting staff. Thus, the RTDC concept was seen by some in the host agency to offer a model for the future.

Late in the summer the core staff set up a planning team to think through the organizational issues in setting up a Regional Training and Dissemination Center. These included how to divide up human resources between the core program and dissemination/training activities, the kinds of new staff roles that had to be developed, and how to approach fund raising. It was decided that the RTDC should be launched formally and fully as an idea, but that staffing would develop incrementally as funds became available. The first significant shift occurred in early fall 1981.

The Public Welfare Foundation challenge grant monies allowed the supervisor to reduce her core program time to 50 percent, and move into an outreach and training role for 50 percent of her time. One of the area coordinators was shifted into a 50 percent supervisory role. It was decided at that time to focus the core program in the lower half of the Northeast Kingdom during year three of implementation. The remaining area coordinators would also begin to specialize more in specific areas such as evaluation, home visitors support and supervision, and so forth.

At the current time--late fall 1981--the Vermont program staff are involved in negotiations with agencies in two communities in the Northeastern United States to provide training and technical assistance in implementing the Parent-to-Parent program. At the same time they are preparing a prospectus to be submitted to private foundations that seeks funds for supporting at least a portion of the total estimated $100,000 annual cost of running a fully staffed RTDC (including core program operation). Over $40,000 has already been raised; the program staff hope to sign at least one training contract in the coming months; and they hope to raise another $24-35,000 in foundation support by spring 1982. This would put the Vermont program in an excellent position to formally begin operations as a Regional Training and Dissemination Center.

Development of Evaluation Capability

One of the central purposes of High/Scope's work with each of the Parent-to-Parent program sites during the 1980-81 year was to work with them to build their own local evaluation capability. This work was successful in most areas of program evaluation, especially in helping the Vermont staff develop process monitoring capability. For example, keeping track of how home visits were proceeding. There was less success in helping the Vermont staff develop and implement new measures of program impact. Specific accomplishments by the Vermont staff in the evaluation area included:

1. modification of home visit plans to make them more useful as planning tools, less burdensome, and more straightforward in describing impact in goal areas;
2. re-development and clarification of local program goals, expected impact in goal areas, and means of measuring impact (see Appendix A);
3. development of a procedure for record-keeping with families, with a sequential outline of information to be collected at different points of time in working with a family;
4. developing forms for area coordinators to use in their new supervisory responsibilities; and
5. development of two new forms; one an "outcome checklist" to be used in conjunction with home visit plans in reporting program impact, and the other a "case history/experience" form for home visitors to use in summarizing their experiences with a particular family upon termination of home visiting.

Plans to develop a replacement for the pre-post videotapes, coded and rated to measure impact in the area of parent-child interaction, never proceeded beyond the discussion stage. Late in the year, during a June 1981 site visit by a High/Scope evaluation staff member, the notion of a "second-observor rating system" was discussed. This would employ pre-post application of a simple rating scale that captures gross (as opposed to molecular) patterns of parent-child interaction in the natural home situation. It would be applied by an experienced home visitor, specially trained, who would accompany the family's actual home visitors on an early visit, and then at the end of the program. The technical and operational problems of implementing such a system have not yet been worked out. Meanwhile home visit plans, the parent questionnaire, and the case history-summary remain the primary measures of program impact on families.

Looking back on the first two years of implementation of evaluation plans it would appear that High/Scope staff expectations and site staff expectation did not correspond in the area of examining program impact on parent-child interaction patterns. The original measures designed by High/Scope proved to be too complex and burdensome to implement at the Vermont site. The decision not to use these created a vacuum that has remained unfilled to the present, possibly because Vermont staff expected High/Scope to replace that system with another, and also because they simple were too busy implementing the program. High/Scope staff, on the other hand, felt that those involved at the site had a better perspective on what might be appropriate. Vermont and High/Scope staff have as one goal of year three activities to make joint progress toward implementing a new measure in this area.

The Impact of the Program: Emerging Findings

After two years of operation in the Northeast Kingdom of Vermont the Parent-to-Parent program has proven to be an effective approach to alleviating the impact of social isolation among adolescent parents. Although it is too early to determine the long-term benefits of the program for the children involved, there is tentative evidence that the program has given the parents involved the skills and confidence to solve problems and cope with stresses that were constraining effective parenting and personal development. The program has also been effective in creating the community a support network for adolescent parents likely to sustain itself into the future.

Impact on Families

The evaluation design has provided qualitative evidence and case material documenting program impact on families, which will here be summarized in terms of numbers of families for which there is evidence of change, and kinds of change. Within the area of parent-child interaction the most significant impact has been on knowledge of infant's developmental abilities and needs, with the consequent implications for responsiveness to the infant. Three quarters of the 40 adolescent parents visited during the first two program years demonstrated significantly greater ability over time: to respond appropriately to cues from their infant (crying, particular sounds, facial expressions); to expect particular abilities or skills to emerge within a particular age range; to figure out what an infant needed. This knowledge eased anxieties, fears, and even anger at the infant.

Over half the teen parents became significantly better able over time to point out new skills, or milestones their baby was reaching. This helped them enjoy their baby more. About half began interacting with their infant in a "fuller" manner: spending more time playing with their infant and talking to it, enjoying the interaction, setting up play activities. The area where there was the least observable change was in the quality of verbal interaction. About a quarter of the parents visited demonstrated observable improvement in this area, talking with their babies more, and in that verbal contact engaging in more praising, questioning, explaining, and less forbidding, directing and blaming.

The most powerful aspect of program impact during the first two years had been in the personal development of the parents involved. This can be expressed in terms of concrete accomplishments: 15 of the 40 returned to school or resumed study at home; 11 of those completed high school or their GED equivalent; another 10 or so are planning or taking steps to resume education or vocational training in the near future; a number of parents have begun working full or part time; three have joined vocational training programs; two have become home visitors in the Parent-to-Parent program. The more subtle signs of development have been just as important: expressing more positive feelings about themselves as parents and as people, renewing friendships, making new friendships (especially with each other, as a result of the parent group meetings), taking an interest in community life.

In a few cases teen mothers who were particularly unhappy or depressed, or who were not adjusting to parenthood, gained the courage to seek counselling to assist in resolving problems. While many still feel trapped by circumstances, about half have demonstrated in actions or conversation a renewed sense of control over their future. For example, only three parents have become pregnant again during participation in the program, and 17 of 21 for which there is information have indicated that they have begun to use contraceptives more consistently.

Appropriate and effective use of community resources and services to meet family needs has increased significantly for about half the participating families. Services sought and acquired most frequently have included WIC (Women, Infants, Children) especially the food that program provides, public health, family planning, vocational counselling, and as mentioned above, the GED program.

Impact on families in all the above areas was clearly related: as parents were able to more effectively meet their own needs, and reduce stresses in their own lives, they were better able to provide emotional support and attention to their infants. Knowledge gained about children's developmental needs led to more effective and satisfying parenting, and thus to enhanced sense of self-competence. Recognition that they had choices and options led some of the young parents to "choose" parenthood as a priority, and thus resent their child less. Others realized that becoming a parent didn't automatically mean shutting off personal development.

Impact on Home Visitors

It was increasingly evident during the first two years of program implementation that the program was having almost as much effect on home visitors as it was on adolescent parents. With respect to skills relevant to home visiting, areas of growth noted included: communication skills, both expressing ideas concretely and listening; the ability not to be judgmental with the teen mothers; ability to respond to teen mothers on a level appropriate to the latter's requests; and the ability to observe and make sense of parent-child interaction in the context of parents' and children's developmental needs. These skills have helped the home visitors in their own parenting, and more generally in their interaction in the social world aroung them.

The home visitors have demonstrated a strength and consistency of commitment to the program that has not only benefited the program during its formative period, but had an effect on their perceptions of themselves. As they discussed problems, plans, issues in home visiting and program development, many home visitors began looking at themselves in a new way: they could make an idea work. A number of the home visitors have been in a period of transition back to work, and the program has served as an excellent vehicle for renewing in them the confidence and skills needed to compete in the world of work. While about a third have moved on after a year of home visiting, almost all have stayed in touch with the program.

Impact on the Community

Evidence from interviews indicates that the Parent-to-Parent program is beginning to influence the way other agencies serving adolescent parents view their own activites. As the director of the Home Health Nursing Agency noted, "the traditional model of the professional showing mothers, telling them how to care for their childrn has reached its limits. We're beginning to learn that people learn best from each other, and professionals must figure out how to support that." Another administrator noted that she had learned from observing the Parent-to-Parent program that the most important thing a program can do is to help young mothers feel confident enough of their own mothering ability to be able to seek assistance when appropriate. The Parent-to-Parent program approach appears to have provided a push for professionals in a number of human service agencies to examine the way they provide services to young families.

The Future: A Marketable Program Model

The Parent-to-Parent program model, as it has been implemented in Vermont's Northeast Kingdom, demonstrates a family support approach that will prove increasingly attractive to a range of human service agencies in the coming years. It is, in a commercial sense, a marketable model. The following features make it so:

1. The program is integrating itself into the community. The volunteer home visitors are from the community; they work in the community. As home visitors from the first wave have left the program, they have brought back into the community the values and knowledge internalized through participation in the program.

2. The program is creating a constituency among human service agencies by carefully complementing other institutions' sense of their roles, by giving other agencies a concrete role in the referral process, and by identifying the program as the community's program.

3. The program is building a constituency among young families. It is providing long-term, continuous, easily accessible support. It is seen as dependable and non-threatening, and is becoming part of many young families' natural helping network.

4. The program is creating formal and informal social networks. Through its wave design, and structure encouraging the formation of personal relationships among participants, the program is becoming the core of a growing mutual support network among young families.

5. The program is proving to be relatively low-cost. It is a volunteer-based model, with the highest cost period being up front, during start-up. The basic monetary costs of the program at this point in time are the salary of the supervisor and the stipends for the home visitors' transportation and child care expenses. Annual cost per family is averaging about $750. It is a model that seems to potential funders and is implementable in an era of fiscal austerity.

6. The program has reverberating effects, increasing the return on investment in it. Parents visited gain skills and internalize values that they will use throughout their lives as parents. Home visitors have their own parenting and other skills enhanced, with the consequent effects on their family life and personal development. Parents visited become part of a future wave of home visitors.

7. The program is preventive. By working with young families in their children's earliest years, the program is contributing to their ability to prevent problems from developing, and deal with problems that already exist. The home visitor works with the parent to give her the skills and confidence to manage financial, interpersonal, child-rearing, and other stresses, and to enhance parent-child interaction, with the consequent effects for children in academic and social adjustment.

Attachment A

Measuring Program Impact

	Program Goal	How to Measure to Use Data
A.	Parent-child Interaction	h.v. plans, knowledge scale, IEI (non-videotaping), 2nd observor rating system pre-post; Mary Belenki interview data
1.	Verbal communication (questions, explaining, info providing, interactive)	h.v. plans offer descriptions; knowledge scale; 2nd observer rating system; pre-post knowledge in this area; no. of parents in which there were observable changes in this area; possibly characteristic kinds of changes found, combination tabulation and anecdotal.
2.	Encouraging exploration	h.v. plans; 2nd observor rating, pre-post; # of parents in which there are observable changes; characteristics of changes found, combination of tabulation and anecdotal.
3.	Responding to infant in developmentally appropriate manner.	knowledge scale; h.v. plan; 2nd observor rating system; knowledge of what is developmentally appropriate, pre-post measures; # of parents in which there are observable changes, characteristics.
4.	Showing positive affect	h.v. plans; 2nd observor rating system, pre-post, etc, etc. etc.
5.	Sensitivity to basic nutritional, health, their needs....	h.v. plans; knowledge scale; increase in sensitivity on knowledge scale; # of parents in which there is observable change....charateristics
B.	Personal Development	h.v. plan; Mary Belenki interviews pre-post; parent questionnaire, pre-post
1.	Furthering education/ vocational development	h.v. plan, Mary Belenki interviews, parent questionnaire, simply returning to school; # of parents returning to complet H.S. degree in school or G.E.D.; # who sought & obtained vocational training of some sort; # of who sought & obtained employment or improvement in employment.

2. Revised aspirations for self	Mary Belenki interviews; h.v. plans for evidence, B.1 (above); # of parents beginning planning & decision making on a broad scale regarding personal & family life; decision making skills, growth; anecdotal examples of......
3. More positive feelings about self as spouse, parent, person	M.Belenki interviews, esp. sentence completions, h.v. plans; as expressed during home visits...; # of parents in whom there were observably more positive as evidenced by; changes evidences in pre-post Belenki sentence completion....
4. Sense of responsibility aware of & taking actions to meet obligations.	h.v. plan; expressed in anecdotal terms, examples.....
5. Makes friendships, reaches out socially, being involved	h.v. plan; M. Belenki interviews; changes in answers to M.B. questions; anecdotal evidence, examples...
6. Realism vis-a-vis options, choices; but awareness also that choices exist (family planning, below, one example).	M. Belenki interviews; h.v. plan; pre-post changes in M.B. questions; anecdotal evidence from h.v. plans of choice defining
7. Family planning enhanced	h.v. plans; parent questionnaire? # of parents who take some action in this area, nature of action taken; # of parents who become pregnant again during program or following (should decrease); # who talk through having another child with spouse, significant others.
C. Improved Interpersonal Relations within the family, outside the family 1. Communication around difficult issues. 2. efforts made to tackle problems 3. See B.4. 4. taking responsibility/meeting obligations	h.v. plan; M. Belenki interviews; mostly anecdotal; re-establishing contact on improved with family

D. Appropriate use of community resources/ community involvement	h.v. plan; parent questionnaire
1. Uses human service programs as appropriate to meet family needs	h.v. plan; # of parents who plan to and actually acquire services needed to meet family needs (medical, nutritional, financial, educational, etc. etc.); # of parents using particular kinds of services; # of parents able to move off public assistance during perios of involvement with the program; # of parents with observable changes in knowledge of how to use available services pre-post.
2. Takes advantage, cultural, recreational, educational opportunities	h.v.plans; parent questionnaire; # of parents...examples of kinds of use....

EARLY CHILDHOOD AND FAMILY EDUCATION PROGRAM

Mankato, Minnesota

The Mankato Parent-to-Parent Program operates as one of the options within the Public School's Early Childhood and Family Education Program (ECFE). It is beginning its third year of operation. It is the purpose of this report to look at the status of the Mankato program, comment on three initial long range program goals, and describe a series of events pertaining to the implementation of the Regional Training and Dissemination Center (RTDC).

Mankato Parent-to-Parent: Current Status

Partial funding for the ECFE program is from the Minnesota Council for Quality Education. Additional funds come from the Mankato Public Schools and vocational educational funds. While the latter funding sources continued funding the program at an equivalent level, all Council for Quality Education funded program (32 in all) received funding cuts this year due to the financial and economic stress the State of Minnesota is suffering. Thus, each option within ECFE had less money to operate with, including Parent-to-Parent. When reviewing the money she had to work with, the supervisor felt her highest priority was to retain the level of service that families were receiving. Cuts were therefore made in the area of program support; there is no longer an assistant supervisor; the training hours have been reduced; research activities have been curtailed; and program development has been put on hold.

Even though the program got started late this Fall, due to funding uncertainties and lack of an ECFE Director, the program has gotten off to a good start for the 1981-82 school year. The supervisor completed the home visitor recruitment process in October 1981. She made 60 contacts over a three week period which resulted in the recruitment of eight home visitors. She felt all her recruiting efforts were positive. Several of the women contacted are on the list to be trained during second term. Training sessions Fall 1981 will consist of 8 two-and-a-half hour sessions focusing on child development, observing and recording, and strategies for family support, as well as program philosophy and home visiting skills.

The Supervisor plans to train a second group of home visitors in January. One of the issues she is facing is that those trained in January only serve in the program for 6 months (until June, which is the end of the school year), and have not been carried over into the next school year. The supervisor feels this is a loss of valuable resources. She is considering having those who are trained in January commit themselves to a full calendar year with the program even though home visiting during the summer months would not be as frequent as once a week. This would be more cost-efficient than the current procedure

Staff changes

The Director of ECFE resigned from the position in June, 1981 after seven years with the program. The new Director was appointed to the position on a half-time basis in mid-September. She is, in the supervisor's words, "a practical, efficient person with good vision about programs." According to the Supervisor, the director can differentiate between "gut level programs that hit at the issues versus programs that are frosting and look pretty". The director puts the Parent-to-Parent program in the former category. She is also very interested in developing the RTDC concept. Essentially the supervisor feels comfortable and supported in her role; this is crucial in terms of the program's continuation within Mankato and in terms of its future expansion.

As noted earlier another staff change, for the 1981-82 program year, is that the assistant supervisor position has been eliminated. While the assistant has assumed another role within ECFE (that of facilitating 3 center based parent groups), she continues home visiting five families as an ECFE home visitor.

Meeting Program Goals

During initial discussions (Aug-Dec. 1979) with ECFE around implementing the Parent-to-Parent Model, it was unclear why they would implement High/Scopes Model when they already had a structured home visting component staffed by professionals who worked with families for ten weeks. However, a series of discussions revealed that ECFE staff had goals and concerns not met by their current programming. They were:

1. to use peers to reach families experiencing stress who would not respond to professionals. Initially, the Parent-to-Parent program provided home visits to any family in two school attendance areas. This was done to provide high visibility for the program and to assure some immediate "success" experiences. Once the program was firmly based, ECFE staff planned to move into serving a more specialized population: "at risk" families. The supervisor reports that this Fall the program is doing more community outreach, allowing them to provide service to these families. Home visitors are talking about the program, attending events where they can come into contact with people not seen by churches social services, school services, etc. They are starting to reach people who would not have called the program on their own nor would they have been receptive to professionals. In addition, families are being referred to the ECFE program from social service agencies in the community who have had to curtail their services.

   The supervisor is interested in applying the principles of the Parent-to-Parent program in other settings in the community. She feels it would be exciting to train lay people around the community in listening and family support (i.e., home visiting skills). As a normal part of their jobs, barbers, bartenders, laundromat workers, waitresses etc., come in contact with people and their problems. This naturalistic setting could be capitalized on and is a logical expansion of the peer to peer concept. The supervisor is familiar with a small study that successfully trained lay people as family support facilitators, and she is exploring the possibility of doing this within EFCE.

2. to create a spinoff effect in the community as trained home visitors moved to other roles. ECFE staff felt that not only would families served by the program benefit from the expertise and skills of the home visitor but that, over time, neighbors and friends would also be benefited. It was felt that each year as the home visitor group moved out to other endeavors in the community, they would use their skills and many families would be touched.

The supervisor reports that there is a natural flow of Parent-to-Parent people to other activities in the community. One home visitor is acting as volunteer peer group facilitator for ECFE's center based program. She has these skills because during the year the supervisor had encouraged home visitors to facilitate and plan the Parent-to-Parent in-service meetings, help out at ECFE parent groups, etc. Another volunteer has begun doing Parent-to-Parent through her church, another is seeking employment in day care, another has become an area LaLeche leader, another is serving as a Great Books volunteer, another had a baby, another began helping families in her neighborhood and one is working in a personnel office. It is clear that home visitors have not given their year then lost the skills and knowledge gained in the program. They have continued on. Also, two people who were home visited now want to be home visitors--a natural next step for them. Additionally, a family day care provider who received home visits last year wants to be trained as a home visitor in order to work with the parents of the children in her care.

3. to provide an option within the ECFE program that was not currently available. At this point Parent-to-Parent is viable and secure within ECFE. It is seen as a practical program in these financially troubled times. It is interesting that as a way to ease themselves through funding setbacks, ECFE is exploring the use of volunteer peer group facilitators, drawing from past and present home visitors. In the past, ECFE group facilitators have been professionals, usually former teachers. The ECFE administrative staff have been impressed with the skills and the competence of the home visitors as well as the value and effectiveness of the peer-to-peer concept in supporting children and their parents. They are open to thinking of new ways to meet changing needs/conditions rather than falling back on traditional practices.

The Regional Training and Dissemination Center

Last Spring we began introducing and exploring the RTDC concept with Mankato. At the same time initial contacts were made with the Bush Foundation where there was interest in the possibility of funding such an effort. Materials describing the proposed effort were sent to the ECFE Director and the superintendent of schools. They in turn shared and discussed the materials with the head of program curriculum development and a school board member. As a result of their discussion they sent a list of questions (See Attachment A) for us to answer and requested a meeting. In late June the High/Scope Consultant and Family Programs Department Director went to Mankato to meet with the above mentioned people as well as the Parent-to-Parent supervisor. (Between the time we initiated RTDC discussions and the June trip the ECFE Director resigned.) The group was presented with an overview of the rationale for expanding Parent-to-Parent into a RTDC and given a timeline. During discussions questions were answered. The concept was grasped and well received by the group. They were reticent to take on a new endeavor knowing they were facing decreased funding over the next few years. Also, there was no ECFE director to take charge and pull the concept of the expansion together over the summer. They agreed to hold further discussions on the RTDC concept the following week and to let us know quickly if they wanted to be put on hold for a year or work on it over the summer. The decision was made to put it on hold in the absence of a ECFE director to lead, support and coordinate the effort.

A new director was hired in September. As mentioned earlier she is supportive of the Parent-to-Parent program and what she has learned about the RTDC concept. She feels it is practical and wants to see it through. She has been discussing the project with an officer from the Minnesota Council on Quality Education (CQE). They have been talking specifically about the feasibility of training some of the 31 other programs funded by CQE to implement the Parent-to-Parent program.

QUESTIONS FROM MANKATO FOR HIGH/SCOPE

1. What is the local school district's financial commitment over time?

2. How does the training center interrelate with the district's parenting program?

3. What agreements would the district and High/Scope enter into?

4. Under which agency is the control of the training center?

5. How is the staff time in the grant divided between commitments to regional training vs. commitments to local program training?

6. What are the long-term funding possibilities? (contact with sites)

7. What about space needs?

8. Can overhead costs/indirect expenses be written into grant?

9. Does High/Scope have staffing requirement? Type? Number? Qualifications?

10. What advantages does the High/Scope staff see for our district to get involved with this project?

PARENTS PLUS PROGRAM

Toledo, Ohio

Introduction

The Parents Plus Program (formerly referred to as Parent-to-Parent) in the Toledo Public Schools continues to successfully provide home-based services to hard-to-reach handicapped preschool children and their families. While the basic High/Scope Parent-to-Parent Model serves as the core of their home-based programming, a number of adaptations have been made to the model in order to better meet the needs of the target population and the goals of the sponsoring institution to increase families' use of center-based services. In this report we will provide an update on the program--both interms of the numbers of people being served as well as in terms of how the program has been modified. In addition, we will discuss dissemination activities which have taken place and the ways in which the Toledo program staff have developed their own evaluation system.

Families Served

The number of families being served through the program has increased over the three years of operation. During the first year nine families were served by eight home visitors. In the 1980-81 school year thirteen home visitors had worked with a total of 19 families. By June 1981 fourteen of those families were receiving services, four children had moved into the classroom, and one family left the area. As of October 1981 there were 11 families enrolled in the program. Seven were families continuing from the previous year. Children in the other seven families from the privious year were old enough to attend the classroom program. (One child who is five years old--and has been in the program for three years--could be mainstreamed into a Head Start classroom, but his health is so poor that they have decided to continue providing home visits.) Program staff hope to be serving between 20 and 30 families by the end of the 1981-82 school year.

One of the continuing issues is that it is very time-consuming to serve these families. Because the program is meeting its goal of providing services to those hardest to serve, it means that generally the child and family needs are great; home visitors spend from 15-25 hours a month to serve one family. In Table 1 is a breakdown of these hours. The information in this table is given to volunteers when they are recruited so that they have a realistic estimate of the time they must commit to work with a family.

Staffing

The two women who were originally trained to share the role of Supervisor continue to work for the program. While both of them maintain a half-time commitment to the Parents Plus program, one of them has taken on additional responsibilities within the agency, so she is working full-time. Two of the original home visitors who last year assumed the positions of Assistant Supervisors continue in that role this year. They are each doing home visits with one family as well as doing administrative work which supports the program. Thus, at the present time, there are four people who provide supervision and program coordination. Their roles have been differentiated, with each person responsible for a different set of activites covering administrative supervision, evaluation and outreach functions. These roles become more defined over time and a monthly meeting of this coordinating group provides an area for discussion and clarification and for onging communication among the four. The staff have been working together for two years--they are beginning their third year--and obviously respect one another's skills and abilities, and have learned to maximize one another's strengths. This utilization of strengths among program staff has carried over to the ways in which program staff have developed new and expanded roles for the volunteers.

Maximizing Volunteer Strengths

Since the beginning of the Parent-to-Parent implementation process, Toledo program staff have been interested in learning all they can about how to provide worthwhile experiences for and support to the volunteers in the program.

Table 1

HOME VISITOR MONTHLY TIME COMMITMENT

Estimated amount and percentage of time spent in the following areas necessary for home visiting:

Home Visits & Parent/Child Classes	5 1/4 to 8 3/4 hours	35%
Travel	3 to 5 hours	20%
Meetings	3 3/4 to 6 1/4 hours	25%
Paper Work & Planning	1 1/2 to 2 1/2 hours	10%
Phone & Co-ordinating	3/4 to 1 1/4 hours	5%
Individual Personal and Phone Contact with Supervisor	3/4 to 1 1/4 hours	5%
Total	15 to 25 hours per month to serve one family	100%

The Supervisors have joined volunteer organizations, adapted many instruments developed for use specifically with volunteers, attended conferences which focus on how to provide supervision to volunteers, etc. All in all, the Toledo program staff have taken their commitment to volunteer growth and development very seriously and have provided helpful information to the other Parent-to-Parent model dissemination sites, based on what they have learned and developed. In this report we will describe recruiting techniques that they have found to be successful, ways in which they have diversified the role of the volunteer in the program, and ways they support volunteer recognition.

Recruitment of volunteers. One of the things that the staff have learned is that the most effective technique for recruiting volunteers is by word-of-mouth. People who have been in the program or know of the program do the best recruiting job because they can talk from personal experience; they know what the job demands and they know its rewards. Thus the best source of new volunteers has been former enrollees in the program and friends of people who have been volunteers.

Staff have used other strategies to recruit volunteers as well. With support from Easter Seals, there has been a broader advertising of the program in the community. Program staff were interviewed on a half-hour talk show on public radio and general information on the program has been included in Easter Seal publications. This has greatly facilitated visibility of the program in the community. In addition, program staff personally talked with over 40 staff connected with Toledo's early childhood education program. They explained the program and asked them for the names of friends, relatives, past parents, and neighbors who might be interested in volunteering. The staff then sent each of the individuals named information about the program, asking if they were interested in being involved. While this latter technique has not yet produced a volunteer, the staff felt it was a worthwhile activity. Those they interviewed felt included in the program because they had been asked for assistance. So, even if it doesn't produce many new volunteers, it is a good public relations technique.

Diversification of the volunteer role. One of the things that all Parent-to-Parent dissemination sites have learned, but Toledo acted on early, is that to get the most out of volunteer time there should be a number of legitimate roles that volunteers can play in the program. One of the motivations for diversification was the fact that three of the current home visitors have been with the program since the first year. Two others that have left are interested in coming back at some point in the future. Those who are continuing want to change their role in the program. Toledo's first response was to create the assistant supervisor role. Now other options have been created.

For example, one of the Toledo volunteers had a very good friend that was interested in being a part of the program, but she does not drive, so there was no way that she could become a home visitor. Toledo staff have asked her to coordinate the Toy Library--a task which does not require that she drive, but a task which is important to the program. One other woman who was not interested in doing home visits was interested in coordinating the Parent-child classes that the Toledo program has added to the model (This will be described more fully in another section of the report.) She has taken on the task successfully, relieving coordinating staff of this development work. Diversification has thus not only expanded the number of roles available to volunteers, it has also created opportunities for the program as a whole to develop and broaden its services.

Recognizing volunteer efforts. As a result of the Reagan administration's cutbacks in government support for social services, there has been a renewed emphasis on the importance and value of community initiatives in serving its members. There is the expectation that communities can and should develop and deliver services which they define as needed by their population and appropriate for their context. The volunteer effort is a part of this process. Thus there is a push to find new and better ways to recruit, train, and recognize volunteers. At the federal level, recognition of the volunteer role by allowing income tax credits and deductions is being proposed through legislation (see Table 2 for specific legislation being proposed).

Table 2

CURRENT LEGISLATION EFFECTING VOLUNTEERS

97th Congress

H.R. 429 Quillen. Provides an income tax deduction of up to $400 per month for dependent care expenses incurred while performing volunteer work for charitable organizations. Referred to House Ways and Means Committee.

H.R. 767 Mikulski. Grants volunteers who work at least 50 hours per year an annual tax credit of up to $750. The total credit would be computed by multiplying the number of hours volunteers times the prevailing minimum wage. Referred to House Ways and Means Committee.

H.R. 768 Mikulski. H.R. 476 Roe. 8.473 Durenberger. Increases the tax deduction allowed drivers who use their cars for charitable or volunteers purposes to equal the amount allowed drivers who use their cars for business purposes. House bills referred to Ways and Means Committee. Senate bill referred to Committee on Finance.

If you are interested in a specific piece of legislation, you should contact your Congressional representatives and members of relevant committees urging them to support the bill, hold hearings on it, and work toward its passage. Before supporting a bill, you should be familiar with its content, and with which committee has jurisdiction over it. The following list will help you get started.

You may obtain copies of any bill by writing to the following:

House Document Room
U.S. House of Representatives
Washington, D.C. 20515

Senate Document Room
U.S. Senate
Washington, D.C. 20510

You may request up to three bills in any one letter. Request each bill by number and enclose a self-addressed mailing lable with your requests. All copies are free of charge.

You may keep up-to-date on the status of any bill in several ways. We will continue to present updates on legislation in this column. Associates may call or write VOLUNTEER's Washington, D.C. office to obtain information on current volunteer legislation, and you may also obtain information by calling or writing your representatives or the appropriate committees.

Recognition occurs more concretely at the local program level within the agency. Certificates for performance have been designed and awarded at the end of the program year; employers are informed about the volunteer work their employees provide for the program and thus get recognition for their work, and the volunteers are encouraged to create their own file to document their volunteer service. The documented experience can be used to meet the criteria for tax benefits if the proposed legislation is passed, and it can be used in applying for jobs and/or college credit when people leave the program. Another way the volunteer's role is legitimized is through the signing of a contract between the Toledo Parent Plus Program and the volunteer. This is done to assure that expectations for both parties are clear from the beginning and to reinforce, for the volunteer, the importance of her role. (See Attachment A for a copy of the contract being used by the Toledo Parents Plus program and an outline of the home visiting program which defines some of the milestones along the way.)

Adaptations of the Parent-to-Parent Model

Adaptations of the Parent-to-Parent Model, called Parents Plus in Toledo, can best be characterized as additions to the program. They consist of: use of the Toy Library, the development of Parent-Child Classes; the creation of Parent Notebooks; and the development of the Parents Plus Training Manual.

Using the Toy Library. A Toy Library has been in existence in the early childhood program in Toledo longer than the Parents Plus program. The purpose of the Toy Library is to provide a plcae where parents can visit, select toys that are developmentally appropriate for their child, borrow those toys for several weeks, then return them and borrow others. As the parents come in to select toys they can talk with staff about thier child, learn more about child growth and development, and select toys that are developmentally appropriate. The Toy Library is an informal way to interact with parents, supporting their observations of their child and providing activites that meet the child's needs.

During the first two years of the Parents Plus program the Toy Library was located in a school across town; families involved in the Parents Plus program did not use the library. This year the decision was made to house the Toy Library adjacent to the Parents Plus office. This way home visitors can easily access the toys if they want to use them with their families, and families can more easily use the toys. Now, the Toy Library is introduced to parents during the Parent-Child Classes.

One of the volunteers has taken on the task of coordinating the Toy Library and compiling a catalog of all the toys available. Included in the catalog are a description of the toy, the ways in which it can be used, and what its use means developmentally for the child. The catalog also provides a description of how parents can use everyday household items and discards to make their own toys accomplish many of the same goals with their children.

Parent-Child Classes. During winter 1981, staff and home visitors were feeling the need to bring families together so that they could share experiences and provide support to one another through a group experience. Staff felt that the group experience should not replace the home visits, but be done in addition to the more intensive one-to-one weekly contact. While transportation was a problem, and continues to be an issue, staff began Parent-Child Classes in the spring and held them once a month. The Parent-Child Classes occur on Monday mornings. Home visitors bring the parents and children to the class and are thus a part of the process as well. The first 20 minutes of the morning is an informal get acquainted time which occurs in the Toy Library. Parents bring back toys borrowed the month before and find a new toy to take home for the next month. Following the informal toy exchange the parents and children all meet together for a planned activity. Then for the rest of the morning the parents meet alone while some of the home visitors stay with the children. The parents' time alone allows them to hear a speaker, have a discussion about a topic of interest to them, or participate in a workshop (such as a toy-making activity).

In June 1981, when program staff were evaluating the year's activities they felt that they should increase the frequency of the Parent-Child Classes--they suggested that they occur twice a month. Every other week families would participate in home visits; on the alternate weeks the Parent-Child Classes would be held. As of November 1981, the decision had not yet been made about whether or not to adopt this structure.

Parent Notebooks. Throughout the life of the program, home visitors provide parents with information on a variety of topics--home safety, basic health care, resources, etc. Parents end up with a stack of materials, generally not organized or readily available when the parent wants it. With the development of the Parent-Child Classes, staff were realizing that they would be giving parents materials more systematically--i.e., every time there was a class--and so they decided to develop a Parent Notebook where parents could keep all the materials they are given. Parents would be asked to bring the notebooks with them to each meeting, and it would be a place where they could keep other materials given them by their home visitor. They could also jot down observations of their child to share and/or make a list of questions or concerns that they would like to have discussed at the parent meetings or during their individual visits. The notebook could also serve as a way of following and documenting their child's growth and development. This fall the Toledo staff are anticipating beginning the Parent Notebook concept. They already have handouts on: the value of play, examples of household items that can be used to make different toys, a list of activities for Christmas, and nutrition information.

Parents Plus Training Manual. Since the Toledo Parents Plus program began, the Supervisors have been collecting a variety of materials that they think are important to include in the pre-and in-service training of staff. In addition, they have collected materials specifically relevant to working with and supporting volunteers. After having used these materials and developing their own evaluation system, they decided to compile their own training Manual. This was done during Spring and Summer, 1981. With funds from Easter Seals, the manual was published in Fall 1981 and is now available to others wishing to implement the Parents Plus program in their setting. Originally created for internal purposes, the manual also represents an important step in Toledo's readiness for dissemination activities. As at other sites, organizing and documenting the core program's training process has become a necessary precursor to sharing the model with others.

Institutionalization

Clearly the Parents Plus Program is a viable program within the Early Childoohd Special Education program in the Toledo Public Schools. One of the goals of the program as first conceived was to make the Parents Plus program the core of the services delivered through home visits. As indicated in the Case Study (April 1981), currently Parents Plus is one of three program options which provide home visits. The intent was for the other program options to be phased out over time, with the Parents Plus concept--using paraprofessionals to deliver direct service to families with the support of special education specialists--being primary. To some extent this goal is being met. As staff within the other home-based options leave the program for a variety of reasons, they are not being replaced; as other positions in the school system become open, staff are being encouraged to apply for them and switch out of their current role. So, while the consolidation process is moving slowly, it is happening. It is anticipated that in the not too distant future the Parents Plus Program will serve as the core program for the delivery of home-based services within the Early Childhood Special Education Program.

As we have learned at all sites, an important part of the institutionalization process is public relations within the host agency and within the community at large. One of the strategies used by the Toledo staff has historically been to maintain a low profile for the Parents Plus program, avoiding administrative "red-tape" within the Toledo Public Schools. Getting the program known has been done by word of mouth and networking among key people in agencies working directly with the target population. A low profile has been maintained. This has not been detrimental to the development of the program, but it has kept it small and focused on the concerns of its immediate community.

This year, due to Easter Seals involvement in the program, the program is being publicized on a wider scale. Last year the Easter Seals Foundation was approached to provide some financial support for the program. The Toledo staff of Easter Seals were very impressed with the program and with its potential to meet the needs of many families with handicapped children--regardless of the age of the child. They decided to assist the project by providing funds for the publication of the Parents Plus Training Manual. In addition, they have helped in the recruitment of volunteers by sponsoring a radio talk show and publicizing the program through their publications. Easter Seals is interested in seeing the model used in other communities within Ohio and nationally. They represent a national network that could logically disseminate the model in a variety of communities.

Dissemination

Since the program began, it has been the intent of the administrator who initiated the program to see that it ultimately becomes a program option within the Ohio system of programs for handicapped children and their families. To this end the administrator has been working closely with state-level program people to assure Parents Plus as a special education program option. The model has been presented at a number of state conferences, and it has become an option for people who apply for State Implementation Grants (SIGs).

This year a rural community in Southern Ohio received SIG money to implement the Parents Plus program in their community. At this present time the woman who will be operating the program is working on a number of projects, so she has not had the time necessary to really get the program underway. One of the issues for her is the fact that the Parents Plus cannot begin as an extension of an already existing program--as it did in Toledo and in other successful dissemination sites--it has to become the core program out of which other programs would be developed. The Toledo staff hope that by mid-year she will be able to commit her time and energy to the program, but they anticipate that it may be a long time before the program is fully implemented. However, this first SIG grant is a step toward state-wide dissemination of the Model.

Evaluation

One of High/Scope's goals duringthe second year of tehcnical assistance to sites was for community personnel to recognize the value and take ownership of the evaluation process. The Toledo staff have been very successful in this endeavor. They have taken the instruments developed by High/Scope in the early phases of the project, and the evaluation questionnaires and processes suggested by the volunteer organizations, and adpated and incorporated them into the ongoing Parents Plus program. With the differentiation of roles among supervisory staff, one of the initial program Supervisors has taken on the primary role of providing formative and summative evaluation for the program

The evaluation process takes place at four levels: for the home visitors; for supervisor/coordinating staff; for families; and within the host agency.

Home Visitor evaluation. Evaluation is seen as a part of the total program. When home visitors sign the contract (Attachment A), they are made aware of the fact they will get regular feedback from their supervisor, and that the feedback is meant to help them develop new skills and provide quality service to the families they are serving. Several instruments are used to provide feedback to the volunteers. Immediate feedback and discussion occurs each week as the Home Visitor turns in the Home Visit Plan (Attachment B). When it is complete the Home Visitor reviews the plan with the coordinator. (Each of the four people serving as coordinators are assigned to be the primary supervisor for approximately four home visitors. That way each home visitor knows with whom she will be working throughout the program year.) During the monthly staff meetings, home visitors receive informal feedback on their work and they are able to see how others are doing and learn from one another. The home visitors are also asked to complete the Organizational Climate Questionnaire (Attachment C) which provides staff with feedback on the volunteer's experiences in the agency. The home visitors also go through a self-evaluation process by rating themselves on 21 different items (Attachment D). In disucsions with High/Scope evaluation staff, the Toledo Supervisors stressed that they wanted this self-evaluation to be a formative, rather than a "judgemental", tool, The solution was to have volunteers give themselves two ratings for each item: their level of satisfaction with their skills related to the item; and what help they would like to develop new skills. The self-evaluation is administered when the program begins, midway through the program and at the end of the year. That way home visitors can see their progress over time and they are able to identify areas where they have not gotten the support they need to develop and expand their skills. In addition, home visitors complete a number of record keeping instruments that help monitor their time (Attachment E). All in all, it is a very thorough system.

Supervisor/Coordinator evaluation. At the supervisor/coordinator level several instruments are used. The Time Use Questionnaire (originally developed at High/Scope for all Parent-to-Parent sites) has been adapted to meet the Parents Plus program needs. Since each of the four coordinators is responsible for different tasks, the Time Use Questionnaire allows them, during their monthly meetings, to assess the extent to which they are carrying out the tasks they have taken on, and if greater or lesser amounts of time need to be given to specific activities. The supervisors/coordinators are also continuing to use the Supervisor Implementation Scale (SIS) developed at High/Scope as a way of assessing their own skill level and determining areas where they would like to see growth. The supervisor/coordinating staff complete the instrument at the beginning of the year, identifying strengths and areas for growth, and then review their goals 2-3 times during the course of the program year, with a final review occurring at the end of the school year.

Family evaluation. Families are also involved in the process of evaluating the program's services and components. In the Spring families are sent a questionnaire which they are asked to complete and return to the program in the self-addressed stamped envelope included with the questionnaire. In Spring 1981, about 50% of the families returned the questionnaire. Staff felt that parent's feedback was helpful in thinking about program changes that should be made (e.g., whether or not to increase the number and frequence of Parent-Child Classes). They plan on repeating this process each year.

Agency evaluation. Within the agency an evaluation process has also been implemented. After two years of operating the program, Parents Plus staff felt it was important to know how others in the agency perceived the program. They were particularly interested in getting feedback from the early childhood special education personnel who had direct contact with Parents Plus staff and the families they served. Thus, in the Spring 1971, fifteen staff within the Early Childhood Special Education program were interviewed. Once again, the feedback was helpful and it made the Early Childhood staff feel they were more a part of the program, since they had been able to provide their feedback and have some of their perceptions responded to as Parents Plus staff were making program changes.

Essentially evaluation within the Parents Plus Program has been designed to meet a number of needs for both formative and summative feedback. Staff have developed instruments and a process (including a timeline and a data analysis procedure) for securing ongoing information about the program's functioning and its impact. They have developed the capability to define their needs and design appropriate techniques and instruments to know if they are meeting their goals. Many of the evaluation techniques have been described in the Parents Plus Manual, and as they continue to refine their own process, additions will be made.

In sum, the Parents Plus program is well institutionalized and is a core part of the Early Childhood Special Education Program in the Toledo Public Schools. In addition, the program is being disseminated through a state-wide network using State Implementation Grants (SIGs) and through a national private network--Easter Seals--which focusses on providing services to families with handicapped children. There is no doubt that the Parents Plus staff have successfully implemented and adapted the Parent-to-Parent Model in a way which best met the needs of the families being served and the institution sponsoring the program.

Attachment A

Agency Volunteer Agreement
Outline of Home Visiting Program

AGENCY-VOLUNTEER AGREEMENT

Date ____________________

Between ______________________________, and
name of agency & program

____
name of volunteer

The agency agrees to provide the volunteer with education and training to prepare the volunteer for his/her service; an assignement both useful and satisfying; acceptable working conditions, acceptance by both clients and staff as a member of the agency team.

The agency agrees to provide volunteer status, supervision, periodic evaluation in-service education, change of assignments as appropriate, and a letter of reccomendation when requested.

The volunteer agrees to carry out assignments to the best of his/her ability, following the agency's guidelines and respecting both clients and staff as members of the team.

The volunteer will communicate with the assigned coordinator to report problem situations, to request consultations or change of assignment, to provide feedback and suggestions, and to participate in the evaluation process. He/she will observe the time-frame (September through June) for his/her assignment, and report in advance when he/she must be late or absent for an appointment or meeting. He/she also agrees to notify the agency in writing of extended leave or resignation.

The volunteer will respect the dignity of the client and the integrity of the agency by maintaining confidentiality or information received in the course of service.

(signed) ______________________________
Volunteer Coordinator

(signed) ______________________________
Volunteer

OUTLINE OF HOME VISITING PROGRAM

September

1. First visit
   Introductions and I.E.P. Meeting

2. Conference with supervisor regarding initial goals for family

3. Diagnostic period
   six to ten visits, using informal assessments

4. Conference with supervisor:
   a. review and summarize assessments
   b. develop new plans for family
   c. complete Home Visitor Implementation Scale and Self Evaluation

5. Home visit with supervisor to write new I.E.P.

6. On-going home visits based in I.E.P. goals and conferences with supervisor as needed.

7. Year-end conference with supervisor to review the year and evaluate the program.

8. Year-end reports completed.

June

Attachment B

Parents Plus Home Visit Plan

PARENTS PLUS HOME VISIT PLAN

Dissemination
Project

NAME ______________________ DATE ______________

HOME VISITOR __________________ VISIT NUMBER ____________

1. THIS WEEK'S GOAL: LENGTH OF VISIT ____________

2. ACTIVITIES:

   A. PLANNED

   B. CARRIED THROUGH

3. OBSERVATIONS: CHANGES NOTED: FEELINGS EXPRESSED:

4. PLANS FOR NEXT SESSION:

5. REFERRALS MADE, SERVICES NEEDED:

6. ASSESSMENTS USED:

Attachment C

ORGANIZATION CLIMATE QUESTIONNAIRE

I. ORGANIZATION AND POLICIES

1. Do you think our agency offers you the chance to have the kind of volunteer job that you will want in the future?
(1) Yes ________ (2) No _________ (3) Not sure ___________

2a. To what extent are you made to feel that you are really a part of our agency?
(1) Not at all _________ (2) To a small degree ________
(3) To a large degree _________ (4) In every possible way ________

2b. To what extent do you feel people in our agency are friendly?
(1) Not at all ________ (2) To a small degree _________
(3) To a large degree ___________ (4) In every way possible ___________

3. To what extent have you made social friendships with people you have met through volunteering in our agency?
(1) Not at all _________ (2) To a small degree _________
(3) To a large degree ________ (4) Nearly all my friends are involved with the agency in some way __________

4. What progress have you made with our agency?
(1) Excellant progress _________ (2) Satisfactory progress ___________
(3) Some progress ___________ (4) Little progress __________
(5) No progress _______________

5. How do you feel about the appearance of our agency's office?
(1) Proud _________ (2) Satisfied ____________ (3) Neutral ____________
(4) Somewhat dissatisfied ______________ (5) Embarrassed ________________

6. When you first volunteered, how well were our agency's policies explained to you?
(1) Very well _____________ (2) Adequately _____________ (3) Not altogether adequately _____________ (4) Inadequately ______________

7. Do you think there is sufficient opportunity for volunteer advancement in our agency?
(1) Much opportunity _____________ (2) Some opportunity _____________
(3) Little opportunity ___________ (4) No opportunity ______________
(5) Not applicable ______________

ORGANIZATION CLIMATE QUESTIONNAIRE (cont'd)

8. When you were first interviewed, did the people who talked with you about our agency and the opportunities within it describe them fairly and honestly?
(1) Not as good as described ________
(2) Fairly and honestly described ______
(3) Somewhat better than described _______
(4) Much better than described ________

9. How do you feel about our agency's volunteer training program?
(1) Highly beneficial _______ (2) Of considerable value ________
(3) Of some value __________ (4) Of little value ____________
(5) There is no program _____

10. Does our agency keep you informed about its activities and plans?
(1) Always ______ (2) Usually ________ (3) Sometimes ________
(4) Seldom ______ (5) Never _________

11. How often do you get involved in planning and decision making in our agency?
(1) Always ________ (2) Sometimes _________ (3) Infrequently _________
(4) Not at all ________

12. How do you feel about our agency's volunteer recruitment program?
(1) Highly beneficial _________ (2) Of considerable value __________
(3) Of some value __________ (4) Of little value __________
(5) There is no program _________

II. YOUR JOB

13. How do you feel when you tell people what agency you work for?
(1) Proud ________ (2) Good _________ (3) Just a place to work _______
(4) Embarrassed _________

14. To what extent do you understand just what work you are supposed to do and what your duties are?
(1) Very poor understanding ________ (2) Fairly good understanding ______
(3) Clear understanding __________

ORGANIZATION CLIMATE QUESTIONNAIRE (cont'd)

15. Do you find the work assigned to you challenging and interesting?
(1) Sometimes __________ (2) Usually __________ (3) Always __________

16. In general, how well do you like your present position?
(1) I like it very much __________ (2) I am satisfied with it __________
(3) I neither like nor dislike it __________ (4) I dislike it __________

17. In general, how do you feel about the workload expected of you by our agency?
(1) I would like to have more work to do __________
(2) The amount of work expected is reasonable __________
(3) The amount of work expected is somewhat too great __________
(4) The amount of work expected is unreasonable __________

18. How would you rate the value to society of your work?
(1) Of great value __________ (2) Of some value __________
(3) Of little value __________

19. How would you rate the value to society of our agency's work?
(1) Of great value __________ (2) Of some value __________
(3) Of little value __________

20. If you were to start again, do you feel you would volunteer for our agency?
(1) Yes __________ (2) No __________ (3) Don't know __________

21. If you were to start again, do you feel you would volunteer for the same job with our agency?
(1) Yes __________ (2) No __________ (3) Don't know __________

III. SUPERVISION

22. Are the performance reviews of your work adequate and helpful?
(1) Always __________ (2) Usually __________ (3) Seldom __________

23. Do your supervisors on the job set a good example in their own work habits?
(1) All of them do __________ (2) Most of them do __________
(3) Some of them do __________ (4) None of them does __________

ORGANIZATION CLIMATE QUESTIONNAIRE (con'd)

24. When you want information or help on a difficult problem, how likely are you to get the help you need? I get:
(1) Very little help __________ (2) Fairly good help __________
(3) All the help I need __________

25. When changes are made in the work you have done, how often are you told the reason for the change?
(1) Rarely _________ (2) Sometimes __________ (3) Usually __________
(4) Always _________

26. When you are corrected or when your work is being criticized, how often is this done in a way helpful to you?
(1) Sometimes __________ (2) Usually ___________ (3) Always __________

27. How do you feel about the staff-valunteer interaction at our agency?
(1) Excellent __________ (2) Good __________ (3) OK __________
(4) Poor ___________ (5)Not at all __________

28. Are you encouraged to offer ideas and suggestions for new or better ways of doing things?
(1) All the time __________ (2) Often __________ (3) Sometimes _________
(4) Rarely ____________ (5) Not at all __________

29. Do you think your personal problems will be given adequate attention if you bring them to our agency's attention?
(1) Substantial attention __________ (2) Some attention ____________
(3) Little attention _____________ (4) No attention ______________

30. When you are given new duties and responsibilities, how well are they explained?
(1) Well explained ___________ (2) Adequately explained ____________
(3) Partially explained __________ (4) Not satisfactorily explained _______

31. When you started to work for our agency, did you get enough training and help to learn the work properly and quickly?
(1) More than I needed _________ (2) All I needed __________
(3) Almost all I needed _________ (4) Less than I needed _________
(5) Very little __________

32. Please tell us any way in which we can improve our agency (use extra sheets if necessary).

Adapted from Survival and Growth: Management Strategies for the Small Firm by Theodore Cohn et al. (New York: AMACOM, 1978), pp. 225-228.

Attachment D

HOME VISITOR: SELF EVALUATION

Name________________________________ Date______________________________

How satisfied are you with your skills in the following areas:

(1 low) (2 fair) (3 average) (4 good) (5 excellent)

As a home visitor I can:

1.	Relate to parents and children on a one to one basis.	1	2	3	4	5
2.	Understand child development.	1	2	3	4	5
3.	Share my knowledge of child development with the family	1	2	3	4	5
4.	Offer assistance to parents on nutritional needs, health and education.	1	2	3	4	5
5.	Share the use of materials and educational toys made available by the center (home-made or purchased).	1	2	3	4	5
6.	Communicate effectively with volunteer coordinator and appropriate consulting staff.	1	2	3	4	5
7.	Work toward involvement of parents in total development of their children.	1	2	3	4	5
8.	Help strengthen parents' problem-solving and coping skills.	1	2	3	4	5
9.	Keep reports and records daily.	1	2	3	4	5
10.	Build relationships with parents, child, family members, and others involved with the family.	1	2	3	4	5
11.	Provide support, reinforcement and encouragement tp parents as they strive to meet their goals for themselves and their children.	1	2	3	4	5
12.	Understand the community resources network system and how to use it.	1	2	3	4	5
13.	Work in a flexible and cooperative way during sessions with families.	1	2	3	4	5
14.	Identify with and interpret the agency's programs and goals as they relate to the family served.	1	2	3	4	5
15.	Relate the person's need to the service which I have been trained to offer.	1	2	3	4	5
16.	Accept a commitment.	1	2	3	4	5
17.	Help the individual develop a new skill and/or attitudes.	1	2	3	4	5
18.	Translate the individual needs to the agency.	1	2	3	4	5

19. Be an advocate for the family. 1 2 3 4 5

20. Accurately record what is observed and said during a home visit. 1 2 3 4 5

21. Take advantage of conferences and reading materials to further my knowledge. 1 2 3 4 5

I would like additional background in the following areas:______________________________

____

____

HOME VISITOR ____________________ FAMILY ____________________

HOME VISITS PARENT/CHILD CLASSES	May S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Attachment E Time Use Forms
TRAVEL	May S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	
PAPER WORK PLANNING	May S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	
PERSONAL AND PHONE CONTACT WITH SUPERVISOR	May S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	
PHONE AND COORDINATING	May S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	
MEETINGS	May S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	

IIG

SERVICE RECORD
(Reverse side of Permanent Volunteer Registration)

Training Course Completed	Date

Assignments	Dates	Supervisors	Comments

Recognitions

HOME VISITOR/FAMILY TELEPHONE CONTACT

Parents Plus Dissemination Project

NAME____________________ DATE____________________

HOME VISITOR____________________

1. Reason for call:____________________

2. Topics discussed:____________________

3. Changes noted: ____________________ Feelings expressed: ____________________

4. Plans made:____________________

5. Referrals made, services needed:____________________

CONCLUSIONS

Introduction

Two key ingredients--a firm conceptual framework plus a flexible operational design--combine to make the Parent-to-Parent Model adaptable to a wide variety of community settings, sponsoring institutions, and populations served.

The foregoing report on the second year of program implementation confirms our conclusion at the end of the first year: the Parent-to-Parent model is a disseminable peer support system of family programming which enhances parents' relationships with their children and the community institutions which serve them. Two key ingredients--a firm conceptual framework plus a flexible operational design--combine to make the Parent-to-Parent model adaptable to a wide variety of community settings, sponsoring institutions and populations served. As the readiness and initiative of many of the program sites confirms, establishment of Regional Training and Dissemination Centers is a logical next step in the transmission chain. Just as disseminating the model allowed High/Scope to assess the transferability of the program *per se*, now creation of the RTDCs will permit evaluation of the transfer of training capability and institutionalization of a national family program network.

As the RTDCs begin to take shape, the time is appropriate to synthesize what we have learned about program development and dissemination thus far. Major conclusions or "lessons learned" about the institutionalization of innovative social programs were presented in the final chapter of our previous report (April 1981). In this report, synthesis of the preceding case studies will permit us to reflect upon and extend those earlier conclusions.

A major advantage in the evaluation activities presented here is that our Parent-to-Parent sites are at different stages of program implementation, from beginners to veterans. This variation permits us, in this last chapter, to engage in a "cross-sectional" analysis of program development over time. First, analysis of our "new sites" (Dayton and Ypsilanti) confirms our earlier observations regarding issues of program implementation, evaluation, impact, and institutionalization. And second, analysis of the "continuing sites" (Vermont, Mankato, and Toledo) expands our view of implementation and evaluation issues in the core program's ongoing operations plus adds the new dimension of institutional planning for the RTDCs.

New Sites

Diversity in the Adaptation of the Model

Taken together, the program sites display a wide diversity of communities and needs served.

The addition of two new sites in this past year, each operating out of a different institutional setting and serving a different population of families, has futher impressed upon us the adaptability of the Parent-to-Parent Model. Taken together, the program sites display a wide diversity of communities and needs served. To date, Parent-to-Parent has enjoyed successful implementation under the sponsorship of public schools, Head Start agencies, a community mental health organization, and a private nonprofit research and development foundation. This peer support program has flourished in both the inner city and a rugged, rural environment. Family needs have varied from poverty and unemployment, to social and economic stresses contributing to the potential for abuse and neglect, to multiple educational and emotional problems associated with having a handicapped infant, and to developmental difficulties of both mother and child in teenage parent homes.

Center-based activities and/or parent group meetings are important adaptations of the Parent-to-Parent Model

Diversity in the number and relative emphasis of program components has also become more apparent with the addition of new sites and evolution of continuing sites during the period reported here. While home visiting continued to form the core around which most of the programs are built, center-based activities and/or parent group meetings have been added on as supplementary program components. In Dayton, by contrast, increasing parent participation in activities at the Head Start center was the primary reason for adapting the Parent-to-Parent program. In this setting then, a great deal of emphasis is placed on the "center"; the home visit however can become the central means by which parents are initially hooked into center involvement, as well as the mechanism whereby family advocates can extend the parents' involvement in educational activities with the preschool child. The Dayton Head Start adaptation thus represents the most "drastic" adaptation yet of the model. That program's early and impressive successes in increasing parent participation attests to the model's flexibility.

At several sites the growth and development of the volunteers is an explicit program goal; the program is no longer intended to only have an effect upon families.

A final area of increased diversity which new sites have brought to our attention is the way in which the personal and professional development of the service providers is now planned for as an explicit program goal. In the model's earliest stages of development, the growth observed in the home visitors was almost a by-product of other program activities. By the time the dissemination project began two years ago, looking at the impact of the program upon the home visitors had become a formal part of the evaluation design. Over time, several sites have now added the growth and development of the volunteers as an explicit program goal; the program is no longer intended to only have an effect upon families. Toledo, for example, realized that continuing to use volunteers in the same capacity, over an extended period of time, could become a form of "exploitation" until explicit attempts were made to provide them with enhanced levels of skills and responsibilities in return for their long-term service commitments. The concept of the "family advocate", a term used in both of our new sites, shows how far the idea of focusing upon paraprofessional skill development has come. Dayton's three-step plan for delineating levels of parent participation in the Family Advocate Program is, in fact, a "professional development ladder" for parents within the Head Start system. It formally defines a set of role expectations and advancement opportunities at the outset, a process that several sites up until now had only engaged in informally as experienced home visitors took on increased responsibility for program implementation.

Selected Start-up Issues

Perhaps the most striking new implementation issue which our added sites brought home to us was the need for a "taste of success" early in the start-up year.

In both Dayton and Ypsilanti, initial institutional skepticism about doing the program at all was only overcome by the fact that both programs were able to demonstrate quickly that the idea was workable. Early success--in the number of volunteers who could be recruited, in the receptivity of families to participating, and in the visibility of the program within the local community--was essential in keeping staff motivated during the initial trying times that accompany getting any new endeavor off the ground. For each new site, early success also had a special significance. In Dayton, Head Start staff had tried many other unsuccessful approaches to increase parent involvement; this latest attempt had to work, and work quickly, if any momentum was going to be built up and maintained. And in Ypsilanti, early evidence of success was necessary to begin establishing the program's base of support within the community. High/Scope had to follow through on building its reputation as a service provider among social service agencies, a reputation we had not enjoyed for many years. Only by successfully responding to needs--and families--targeted by the rest of the community could the Family Support Program move from an "idea" to a credible and legitimate endeavor.

The new sites confirmed an earlier conclusion that support for the volunteers was a key ingredient to success in the first year.

Without the supervisor's guidance, volunteers get too caught up in--and ultimately discouraged by--the overwhelming emotional demands of some of their families.

The Ypsilanti and Dayton programs also confirmed an earlier conclusion that support for the volunteer home visitors and family advocates was a key ingredient to success in the start-up year. In fact, in the first round of home visiting in the Dayton program, the frequent absence of the supervisor, who was assigned a multiplicity of roles, threatened to undermine the morale of the advocates. It was only after the High/Scope trainer convinced the Dayton coordinators that the supervisor needed to be onsite and devoting her time to the Family Advocate Project that the feeling of running a successful program began to take hold. And in Ypsilanti, the importance of ongoing support and supervision for home visitors' morale was also evident. Here, it fell to the supervisor to constantly keep volunteers focused on the goals of the Family Support Program so that they could begin to limit their responsibilities as home visitors with families at risk of child abuse and neglect. Without the supervisor's reminders, volunteers were getting too caught up in--and ultimately discouraged by--the overwhelming emotional demands of some of their families. It is significant that this same problem had been independently observed in the early phase of the Vermont program. There the supervisor found she had to help the volunteers gradually shift the focus of home visits away from a sole preoccupation with the teenage mother's emotional problems to a simultaneous emphasis on the needs of the baby.

Building Evaluation Capability

Making evaluation and program goals parallel served two important functions. First, the evaluation was designed to measure those processes and outcomes which the program was designed to carry out. Second, we expected sites to take ownership of the evaluation.

The first step in building site evaluation capability in the start-up year has been impressing upon staff the need to link the measurement to the goals of the individual program. In doing this, High/Scope evaluators were applying an important lesson learned in working with our earlier and continuing sites. Making evaluation and program goals parallel served two important functions. First, the evaluation could only be meaningful and useful if it was measuring those processes and outcomes which the program was designed to carry out. Otherwise, the evaluation would be at best irrelevant and at worst inaccurate if it concluded the program had failed to achieve some effect which it was never designed to accomplish in the first place. Second, just as High/Scope wanted sites to take "ownership" of the program implementation itself, we also expected them to adopt the evaluation as their own. Only if the evaluation was designed around their particular project goals, and only if they had a hand in creating and using the measurement instruments, could program staff see the evaluation as belonging to them instead of a procedure imposed from without.

Not surprisingly, given similar problems with sites in the past, there was some difficulty getting the new programs to limit and define the specific goals of their projects. In the initial phase, it is common for sites to expect they can "change the world" for the families and communities they are serving. Fortunately, the High/Scope

A clearly defined set of needs coming from the community itself is a key component in a program's institutionalization.

evaluators had learned from experience to be firm in getting program staff to focus upon clear and realistic objectives. And fortunately for us, the new sites were farther along than some of our earliest programs (most notably Hawaii and the Navy, Orlando) in having a defined set of family needs which they had instituted the program to meet. In both Dayton and Ypsilanti, it was a case of a "community need in search of a program" rather than a program searching for an identity within the community. As we concluded in our earlier report, a clearly defined set of needs coming from the community itself is a key component in a program's institutionalization. This component is also central to the delineation of a clear set of program goals, and this delineation is in turn responsible for the development of a focused and meaningful evaluation design. When need motivates the creation of a program, staff are more motivated to discover whether or not their program is in fact meeting those needs.

The evaluation capability being developed at the new sites has a dual thrust--program implementation and program outcomes. A third area of evaluation--the institutionalization process--will continue to be monitored and documented by High/Scope. In the areas of implementation and outcome, we again find our new sites repeating the process we observed in earlier phases with our continuing sites. Developing program implementation measures is much easier; in the first year staff are concerned about how to "do" the program and can see the need for recording and monitoring the process. The concern about whether the program is having an effect--i.e., the program outcomes--generally does not come until later in the first or early in the second year, after site staff are confident they can actually deliver the program itself. Nevertheless, High/Scope is pushing them hard to develop impact measures early in the program. In addition to the obvious need for getting baseline data on the home visitors/advocates and families being assessed, early development of the outcome measures circles back to keeping staff focused on the goals of the program

Program Impact

Activities are quickly focused and program impacts are easily observed when programs have a recognizable and realistic set of goals.

When programs have a recognizable and realistic set of goals, their activities are quickly focused and program impacts are more easily observed. Thus, even though it is too early for a comprehensive evaluation of outcomes in the new sites, we can already find indications of program success from their pilot and/or initial program ventures.

With the Family Support Program, the mother and child became a viable family unit.

In the Ypsilanti pilot program, despite limited resources, ten families were seen on a regular and frequent basis. Of these, three were identified as extremely needy and continued to be visited for several months, even after all funding for the Family Support Program had ended. The impact of the program on two of these exceptional families indicates the power of the support model. In one case, a failure-to-thrive infant was referred by the public health nurse. During seven months of intensive contacts with the family, the home visitor accompanied the mother to the doctor and shared practical information about infant and child development. A telephone call to the public health nurse at the end of this period revealed that both the mother and the child were doing very well. The nurse stated that when she made the referral, she was convinced that the infant would have to be removed from the home. With the Family Support Program, the mother and child became a viable family unit and the child was not removed.

A second instance involved a single parent receiving court-ordered home visits in the determination of a child custody case. After the hearing, full custody was returned to the mother, based upon the home visitors report. The foster care worker called the program supervisor several months later. He reported that both the mother and toddler were doing fine and stated that the Family Support Program was "responsible for the successful closure of the case". In fact, the case worker was so impressed that he made two more referrals during the telephone call!

Success has also been the outcome of Dayton's Family Advocate Project. In just a two-month period, significant progress has been made in achieving the primary goal of increasing parent involvement in Head Start activities. The number of parents volunteering in the eight centers has almost tripled; it has gone from an average of 150 to over 420 parents a month. Attendance at Parent Meetings has approximately quadrupled at most centers, and with the addition of a male advocate, fathers are now attending meetings at several of the centers. In addition, family advocates have been helping families meet their needs for essential and emergency services; over a six-week period, six advocates were instrumental in resolving major crises for 29 families. Increases in children's enrollment at the Head Start centers has also been attributed to the presence of the advocates, who have been active in contacting families and assisting them in the enrollment process.

With the legitimacy of the program behind them, advocates are feeling the "status" of their positions and developing a growing sense of confidence in their

Important changes are also occuring for the advocates themselves. They are working well within the agency and impressing the professional staff, particularly the social workers, with their competence. Paid staff acknowledge that the advocates are successfully reaching parents who had been given up

ability to improve conditions for families and centers. Advocates are also making strides in their own educational and professional development.

on by the professionals. With the legitimacy of the program behind them, advocates are feeling the "status" of their positions and developing a growing sense of confidence in their ability to improve conditions for families and centers. Advocates are also making strides in their own educational and professional development. One, a former recipient of home visits, is now completing her G.E.D. and plans to pursue a social work degree. Another is enrolled in the early childhood education program at the local community college. And a third is compiling a portfolio of her training experiences for use in later job applications.

In sum, our new sites, like our former sites, are demonstrating the program's impact upon both those receiving the services and those delivering them. Family members are being helped to cope with the daily stresses in their lives, and are finding support as they hone their parenting skills. And home visitors and advocates are using their training not only to assist families, but also as a foundation to further develop their own personal opportunities.

Building Community Support

We can identify three levels on which programs must build their base of support within the community. First, the home visitors/advocates must be seen as peers in the community. Second, the sponsoring agency must become part of a larger network of human service organizations within the community. The third mechanism for establishing community support is through the families themselves.

The importance of building community support, noted in our earlier set of conclusions about program institutionalization, was strongly reinforced by our observation of the new Parent-to-Parent sites. After synthesizing our observations of continuing and new sites, we can further identify three levels on which programs must build their base of support within the community.

First, the home visitors/advocates must be seen as peers in the community. In many cases this has meant they are the "same" as the parents being served in the program, i.e., having the same socioeconomic background and/or having experienced the same set of problems for which families are referred to the program. However, effective volunteers in both our continuing and new sites have shown us that this "sameness" is not an essential characteristic. Instead, home visitors and advocates can be accepted as "peers" by other parents as long as they share a set of community values regarding the importance of families and children, and have a sense of identity with the local community and geographical area. It is this sense of families--those supporting and those being supported--being part of the same community which is necessary to establish the program as an accepted community-based enterprise.

Second, the agency sponsoring the Parent-to-Parent program must become (or already be seen as) a part of a larger network of human service organizations within the community. In fact, the family support program may be the instrument for consolidating this network of agencies serving families. The crucial dimension that seems necessary in achieving this community acceptance is that the new program be seen as complementing rather than competing with existing programs. As the Ypsilanti Family Support Program billed itself to other community organizations, its intent was to "fill a gap" in meeting the needs of local families. This approach fostered cooperation among agencies as their respective staffs established referral networks; when needs were inappropriate or overwhelming for the services available through one agency, they now had alternatives--including the Ypsilanti program--instead of just turning families away.

The new program must be seen as complementing rather than competing with existing programs.

The third mechanism for establishing community support is through the families themselves. In both of the new programs as well as many continuing sites, the populations being served were families whose needs were not being met through existing service channels. Often times these families fell through the cracks because they just missed meeting eligibility requirements or because they were somehow "invisible" to the service providers whose limited resources permitted identification of only the most extremely needy families. Therefore to reach these families with their services, programs have often had to depend upon "word-of-mouth" networks within the community. Another way of putting this is to say that for a program to be successful participants--home visitors, advocates, and parents--must spread the word within their own circles. As the program's reputation grows through this "underground" network, a more public kind of community support begins to grow and increase in visibility. Ultimately, it is this network of direct contacts with the population being served which forms the basis for an institution to justify its support--financial and political--of the program.

Insuring Institutional Support

During the start-up year, institutional backing has served a dual purpose. First, it is necessary to insure that resources are available to accomplish the start-up tasks. Second, it is essential to provide support in an emotional sense--to maintain morale through the inevitable ups and downs.

In our earlier report, the focus of our implementation analysis culminated in an elaboration of those factors which must be in place for a new social program to achieve institutionalization. Without institutional support, even a good program cannot be maintained; early successes wither and the program is forced to end just as it is on the threshhold of taking hold in the community. During the start-up year of our family support programs, institutional backing has served a dual purpose. First, it has been necessary in a very practical sense to insure that all the human and financial resources are available to accomplish the start-up tasks, e.g, setting up the program's physical space, recruiting and training staff, reimbursing volunteers' operating expenses, etc. Second, the support of the sponsoring institutions is essential in an emotional sense--to maintain program morale through the inevitable ups and downs that go with getting any new program started. The supervisor and her staff must feel they have the agency behind them to make their efforts worthwhile. Otherwise it is hard for program staff to justify their energy expenditures if there is not a reasonable institutional commitment that their efforts will pay off in a continuing, long-lasting program. This "justification" must occur at several levels. One is personal; people must be able to answer to their own satisfaction the question "Why am I doing this? On another level, justification must occur in internal staff program dynamics, e.g., when supervisors try to maintain volunteer morale during early and often discouraging contacts with families. And, at a very important level, the program must be justified to the community--the agencies and families--who are being asked to participate. Often this sales job falls to the supervisor. And she cannot "sell" the program to the outside community if her home agency has not bought the idea.

It is necessary to convince key staff at the host agency--not just the new supervisor--that the family support program is a worthwhile venture.

An important lesson learned about insuring institutional support from our two earlier experiences--Hawaii and Navy, Orlando--was applied successfully in our new sites, particularly in Dayton. From previous difficulties, we realized that it is necessary to convince key staff at the host agency--not just the new supervisor--that the family support program is a worthwhile venture. An effective way to do this has been to include them in the orientation and training sessions right from the outset. This has given auxiliary staff members within the institution an opportunity to develop their own commitment to the new program. Perhaps more centrally, they too take "ownership" of the program as an agency, along with those directly responsible for running the program itself. More than once we have seen how dependent new and continuing programs are upon the resources which supportive individuals within the agency can provide. Even major shifts in the program's core personnel--such as those experienced in Vermont and Mankato--can be successfully weathered if remaining program staff know they have the continued support of significant people with power in their institution.

Continuing Sites

Core Program Implementation Issues

Home visitor training and dependable support and supervision, are key elements in the success of all our programs.

The importance of home visitor training and dependable support and supervision, emerged as a key element in the success of our ongoing sites as well as our new ones. Again, supervisors found that their involvement was necessary to help volunteers keep in mind the goals of the program as they worked with families. Without these goals in perspective, home visitors were attempting to solve too many problems and began to feel they were working on their own. Equipped with an understanding of the objectives, volunteers instead felt that they had the program "behind them" and could fall back on it for direction and support.

Sites have affirmed for themselves that extensive preparation before beginning family contacts is essential to prevent early and sometimes irreversible, problems.

Intensive preservice training re-emerged as an issue of home visitor support as sites continued implementing their programs with new waves of volunteers. The relative merits of spending time on preservice versus inservice training were debated a great deal between High/Scope and our sites in the two preceding years. From experience, High/Scope stressed the importance of adequate preservice training to prepare home visitors before they entered the field and began working with families. Impatient to get started, several sites pushed for shortened preservice training and more intensive training that would build upon volunteers' concurrent experiences with families. While the debate continues, it is clear that our ongoing sites now have a greater appreciation of High/Scope's position. They have affirmed for themselves that extensive preparation before beginning family contacts is essential to prevent early, and sometimes irreversible, problems (e.g., fast volunteer burnout, erroneous family expectations, etc.). In effect, continuing sites have taken "ownership" of the belief that program credibility rests, in part, upon adequate preservice training.

Developing Evaluation Capability

Once the program has been in operation for at least a year, staff are genuinely interested in finding out what they are accomplishing.

As indicated in the foregoing discussion, it is much easier to get continuing rather than new sites to take ownership of the program's evaluation as well as its implementation. Once the program has been in operation for at least a year, staff are genuinely interested in finding out what kind of an effect they are having. The time is then appropriate for enhancing their capability to develop, administer, and analyze their own program outcome measures. With technical assistance, site staff can integrate the anecdotal data about the changes they have been observing in the families and begin to translate these informal observations into more systematic evaluation instruments.

Most often, this development has coalesced around the refinement of the Home Visit Plan (or Family Contact Form), the document which volunteers use to plan their session, record what happens, and evaluate their efforts. During this past year, we have seen all our continuing sites go through several revisions of this form as they apply it with their families. Interestingly, each successive revision process has gone back to the basic question: What are the program's goals for families, for parents and children? Each revision has then been a more explicit listing of these goals, and a place to record a family's progress toward them; the extraneous questions which volunteers come to realize are not, and should not, be dealt with in their particular family support program are eliminated. By sticking to goals in both delivering and evaluating the program, significant outcomes are becoming more apparent to staff as they assess their own effectiveness.

Program Impact

Many of the newly-developed impact measures are just now being used with parents and children who are beginning program participation this fall. However, with a clearer sense of goals and their measurement, some continuing programs are also able to go back and reconstruct the relevant effects they have had on families since their programs started. While most of these have already been reported in the foregoing case studies, a summary of the significant findings highlights the adaptabily and success of the Parent-to-Parent model in meeting a diversity of goals for families.

The Toledo program has accomplished its goal of touching hard-to-reach families and increasing their participation in the public schools' center-based services for handicapped preschool children.

The Toledo Parent-to-Parent program is still small, and is just now acknowledging the need to expand and increase the number of families it serves. Yet, for those 19 families who have been seen in the last year, the program has been quite successful. The program has accomplished its goal of touching hard-to-reach families and increasing their participation in the public school's center-based services for handicapped preschool children. Before the program, none of these families availed themselves of the diagnostic and educational services offered. Now, all have become involved in varying degrees. Volunteers have brought parents and children into the center, and four of these families have now enrolled their children in the comprehensive preschool program for handicapped children.

Similar to other Parent-to-Parent sites, Toledo has also witnessed the growth and development of the volunteer home visitors themselves. Over time, the volunteers have taken on more roles and assumed greater responsibility for the program's operation. For example, two of the original home visitors are now in their second years as part-time Assistant Supervisors, responsible for a variety of training, monitoring, administrative, and community outreach tasks.

The Vermont program has seen that as teenage parents are able to reduce the stresses in their lives and more effectively meet their own needs, they are better able to support their infants' development.

The Vermont program has seen that as teenage parents are able to reduce the stresses in their lives and more effectively meet their own needs, they are better able to support their infants' development. Interactions between the teenagers and their babies have improved, and are now characterized by greater sensitivity and observational skills, an appreciation of developmental milestones, and most significantly, by an increase in verbal interchanges. Many practical and concrete accomplishments of the young mothers have also been documented. Fifteen out of 40 participants resumed their education, with 11 of these completing their high school degree or its equivalent (G.E.D.). An additional 10 are currently taking steps to resume their schooling or receive vocational training. Three more have already joined vocational training programs and several are now working full- or part-time; two have become home visitors.

Personal changes are also evident in the adolescents as they express more positive feelings about themselves as people and as parents. Many are reaching out to form new friendships and taking an active interest in community life. This is in contrast to the feelings of extreme isolation they experienced in this rural setting--an isolation often associated with increased risks for child abuse and neglect. At least half of the young mothers are described by home visitors as more appropriately and effectively using community resources to meet their needs--nutritional, educational, medical, financial, family planning, and vocational and psychological counseling. In sum, the adolescents are realizing that becoming a teenage parent does not have to mean their entire life script is written; they can still make choices and create options for both themselves and their children.

The Parent-to-Parent program in Vermont has also had a significant impact upon the community itself. It has caused human service agencies in the community to examine the way in which they provide services to young families.

The Parent-to-Parent program in Vermont has also had a significant impact upon the community itself. Observing the sensitivity and competence with which home visitors meet the needs of the teenage parents has affected the way professionals in other agencies serving this population view their own activities. Statements from providers and administrators in these other organizations indicate that two factors in the Parent-to-Parent program have partciularly impressed them: one, that people learn best from their peers; and two, that it is important to develop the young mother's sense of confidence in her own ability. The program has thus caused human service agencies in the community to examine the way in which they provide services to young families.

Mankato has seen a "ripple effect" in the way the program builds community competence. As the home visitors and parents move on to endeavors outside the Parent-to-Parent program, they are using their skills to touch other individuals and agencies, making their community as a whole more sensitive and responsive to family needs.

Impact reported in Mankato has also been defined largely in community terms. The project began by just visiting any interested families in two school attendance areas. In its second year, it branched out geographically and in the types of families it served, including those "at risk" of child abuse and neglect. Extensive community outreach efforts were instituted by the supervisor and experienced home visitors. The effects of this outreach are now being seen; the Parent-to-Parent program is reaching families who would not have called on their own or been receptive to approaches by professionals.

Mankato has also noted a "ripple effect" in the way the program builds community competence. At the most immediate level, former recipients of the program (two parents and one family day care provider) have been sufficiently strengthend in their own lives that they are now receiving training to deliver home visits to other families. At a broader, and perhaps more significant level, program participants are changing the way others in the community--neighbors, church groups, social service providers--relate to families with young children. As the home visitors and parents move on to endeavors outside the Parent-to-Parent program, they are using their skills to touch these other individuals and agencies, making their community as a whole more sensitive and responsive to family needs.

The Parent-to-Parent model continues to demonstrate significant outcomes for the *families* and the *volunteers* who participate directly in the program. Over time, we are increasingly seeing the program's effect on a third target--the *community* itself.

Program impact in our ongoing sites has thus been threefold. As in the new sites, the Parent-to-Parent model continues to demonstrate significant outcomes for the *families* and the *volunteers* who participate directly in the program. Over time, we are increasingly seeing the program's effect on a third target--the *community* itself. Other individuals and agencies who comein contact with families--whether informally or as professional service providers--appear increasingly aware of the needs and stresses confronting parents and children today. This increased awareness, accompanied by a re-examination of how such needs are currently being met, has been brought about, in part, through the example set by the dedicated volunteers in the Parent-to-Parent support programs.

Expansion of the Core Program

The second year for our ongoing sites was one of consolidating their gains. There was no longer a need to ask whether the program would work; early success meant its viability was accepted. Now program staff were forced to address the issues of how to develop and expand.

With evidence of success, core programs have been under pressure--internal in the agency, and external in the community--to expand the size and scope of their services. In a sense, then, the second year for our ongoing sites was one of "consolidating" their gains. There was no longer a need to ask whether the program would work; early success meant its viability was accepted. Now program staff were forced to address the issues of how to develop and expand. And always, in addressing these issues, the ways in which the sponsoring institution would provide the resources and support for expansion had to be negotiated.

Five components were identified in the expansion process. First, defining the real "work" of the program; second, self-evaluation of staff roles and responsibilities within the program; third, financing the expansion; fourth, developing new monitoring systems for quality control; and fifth, how to retain what was good about the initial implementation level while simultaneously creating changes in that system.

The expansion process--whether geographical, numerical, and/or in the comprehensiveness of services--was something new for High/Scope to observe this past year. In our analysis, we were able to identify five components which all of our continuing sites engaged in during this process. First, there was a rethinking of the means by which the program achieved its goals; put another way, staff had to decide what the real "work" of the program was in order to weight options for extending or adding on to that work. Interestingly, in Mankato this process led to a decision against expanding the range of program services. Faced with severe budget cutbacks, Mankato decided that its "work" was providing direct services to families in need; they opted to use their resources to maintain and extend current service levels rather than engaging in further program development.

Second, staff engaged in self-evaluation of their roles and responsibilities within the program, i.e., how did they accomplish their "work" through the division of tasks and assignment of people. Expansion would entail a rethinking of these divisions, and one person's role change had implications for everyone else in an interdependent system.

An obvious third consideration was financing the expansion. If increased tasks and/or people were required to handle the expanded work load, money had to be identifited to cover these added expenses. Often, the sponsoring agency itself could no longer be counted on to absorb these costs. Staff, particularly supervisors, were forced to become more sophisitacted about locating and securing the funds to operate their programs.

A fourth aspect of the expansion process was developing new monitoring systems for quality control. Local site staff began to get a first-hand sense of High/Scope's insistent need for evaluation. As programs expanded their geographical coverage, or increased their corps of volunteers in the field, central staff realized they needed a procedure for supervising these new areas or individuals. The importance of record-keeping and documentation became self-evident as a mechanism for insuring quality control and informing staff about the kinds of support they needed to extend to new service deliverers and recipients.

Finally, all sites struggled with the issue of how to retain what was good about the initial implementation level while simultaneously creating changes in that system. For example, how could the essential character of "staff cohesion" be maintained while the geographical range and number of staff increased? Answering such questions proved extremely beneficial for sites; it forced them to tease out their true program strengths and the mechanisms that created these strengths. Thus distilled, the elements of successful program operation could be adapted, and transferred, to a revised and expanded effort.

Consolidation versus Expansion: Core vs RTDC

Over time, we sense that continuing sites are going to place more importance upon the expanded RTDC effort. While core programs will be maintained and even developed as demonstration models, far-sighted institutions will understand the philosophical and economic necessity of "spreading the word".

All continuing sites, excited by the prospect of establishing Regional Training and Dissemination Centers, were now nevertheless confronted with a "tension" between consolidating the core program versus expanding activities at the regional level. The issue was often one of limited energy and resources. With many of the same people (and funds) responsible for both efforts devoted toward one endeavor necessarily meant fewer resources available for the other. Both were seen as important. Yet, over time, we sense that continuing sites are going to place more importance upon the expanded RTDC effort. While core programs will be maintained and even developed as demonstration models, far-sighted institutions will understand the philosophical and economic necessity of "spreading the word". Even in programs where the current emphasis is still on direct service to families (e.g., Mankato as a continuing site; Dayton and Ypsilanti as beginning sites), plans are simultaneously escalating for funding and operating the RTDCs.

Regional planning has produced an increased awarensss of the importance of documenting the local adaptation of the Parent-to-Parent model.

One interesting effect of regional planning upon the core programs themselves has been an increased awareness of the importance of documenting the local adaptation of the Parent-to-Parent model. Staff now realize that formal documentation will be necessary in order for them to train others. Moreover, as each site has become aware of the diversity of model adaptations at other sites, they further appreciate the need to have their system down on paper. Only then can the core program be disseminated within their own region, and to other RTDCs in the network for national dissemination.

From Community to Regional Visibility

Sites interested in becoming RTDCs must now move beyond the community support they worked so hard to establish in their first two years to broader visibility at the regional level. Building regional support will mean several things to these sites. First, they must establish that the demand for training and dissemination exists in their region. This process has already begun. As sites began to disseminate their work, for example at local and statewide conferences, requests for more information and technical assistance started coming in. Second, support must be monetary. Here again, in seeking funding to continue even the core program, sites found they had to convince funders of their broader visibility and impact. So, increased connections at the regional level became a logical outgrowth of the funding process. And support at the regional level will also mean establishing a new network of resources and contact people, analagous to the cooperative community network sites had to create when operating the core program. Extrapolating from the techniques used--and documented--in that earlier phase will be an important element of the regional outreach effort.

Institutional Support for the RTDC

Without the backing of the sponsoring agency, no site can undertake to become an RTDC. The most important question that must be answered is: How does the RTDC fit into the mandate of the institution?

Finally, we come back to the central importance of institutional support, in this case for the RTDC rather than just the core program. Without the backing of the sponsoring agency, no site can undertake to become an RTDC. Working with our sites these last few months as we begin to make the RTDCs a reality, we are sifting out those issues that must be dealt with in securing institutional support. Our continuing sites are grappling openly and actively with these issues; even the new sites find they must confront many questions at a much earlier stage in their program development than our long-term sites.

Planning must occur now; it cannot wait until the core program is fully developed and functional.

The most important question that must be answered is: How does the RTDC fit into the mandate of the institution? Are the RTDC activities compatible with what the agency has defined as its mission for providing services, doing training, disseminating information, networking with other organizations, etc.? Second, but related, is the whole area of financing. Where besides the institution will funding come from? Are training contracts a legitimate source of money given any limitations or restrictions upon that institution's financial arrangements?

What is the relationship between the core program and the RTDC? Will the core program serve solely as a demonstration model and/or should it have an independent identity as a major service project?

Other questions that must be answered within the institution itself include the relationship between the core program and the RTDC. As described above, there is an inevitable tension about how scarce resources are divided between these two. Will the core program serve solely as a demonstration model in training second generation sites and/or should the core program have an independent identity as a major service project. Staffing considerations must also be handled within the institution, as new roles and responsibilities are defined and juggled with the old ones. What institutional supports exist for the professional development of staff? Can resources be found which permit people to change or expand their roles?

There is a set of inter-institutional questions which must be answered: What is the relationship between each institution and High/Scope?

Finally, there is a set of inter-institutional questions which must be answered as the RTDCs take shape. These questions deal first with the relationship between each institution and High/Scope. What kinds of technical assistance will be provided? Who is responsible for insuring quality control? Is there a mechanism for "certifying" RTDCs and second generation sites in their qualification for training and implementation of the Parent-to-Parent Model? Basically: What kinds of institutional support from High/Scope can agencies sponsoring RTDCs expect?

And inter-institutional issues also deal with the relationship among the RTDCs themselves. What is meant by a "national network"? How can the regional centers cooperate rather than compete with each other for scarce resources, for prospective clients? What mechanisms can institutions establish for sharing their experiences and their knowledge with one another? How can RTDCs collaborate to insure the "life" of this new network, much as each institution before assumed responsibility for maintaining the life of its fledgling program?

A constant stream of questions arises. This is the challenge of beginning a new and unique venture. The sense of excitment is high...We are optimistic!

The above issues are comprehensive, yet they are not exhaustive. As the sites have begun their RTDC work--with themselves, with High/Scope, with one another--a constant stream of questions arises. This is the challenge of beginning a new, and unique, venture. The sense of excitement is high however. And the energy, competence, and feeling of "community" among all the institutions appears equal to the tasks at hand. At the end of next year, our evaluation report will look at how successfully the national (High/Scope) and regional centers have met this challenge. We are optimistic that the RTDCs will be a functioning reality.

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